Exhibit 4

STATE OF TEXAS

SENATE COMMITTEE ON CHILD PROTECTIVE SERVICES,

SPECIAL

SENATE CHAMBER

MARCH 17, 2022

EXCERPTS OF THE COMMITTEE HEARING

TESTIMONY OF

DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES

JAIME MASTERS, STEPHEN BLACK, ROBERT RICHMAN AND

DENEEN DRYDEN

2 1 SENATOR KOLKHORST: The Chair calls 2 Jaime Masters, the Commissioner of the Department of 3 Family and Protective Services. And, Commissioner, I know that you have 4 5 some support staff with you. I don't know if you want to have them join you at your table. Your 6 7 call. 8 MS. MASTERS: I'm good right now. 9 SENATOR KOLKHORST: Good afternoon. 10 MS. MASTERS: Good afternoon. Jaime 11 Masters, Commissioner DFPS. 12 SENATOR KOLKHORST: Commissioner, you have a presentation. Members I know will have 13 14 several questions for the Commissioner, but if you 15 would, work us through the process. I had asked you 16 to present what the process is for when you receive 17 a complaint, concerns, statewide reason to believe, 18 whatever it is it may be, that you could walk us 19 through, and then we'll hold our questions until the 20 end. 21 MS. MASTERS: Yes, ma'am. And so I 22 think when I was going to start to say, I might want 23 to bring Stephen and Rich up if you want to go 24 through those beginning slides before the timeline 25 with just an overview of the process.

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3
 1
                  SENATOR KOLKHORST: Yes.
                                            Yes, we do.
 2
    I think it's important for the committee. Again,
 3
    it's -- while we are looking at this case at hand,
 4
    it brings to light our processes which, you know, we
 5
   want to make sure are of the highest quality, and
   that's what really this committee will be working on
 6
 7
    in its interim.
 8
                  MS. MASTERS: Yes, ma'am.
 9
                  SENATOR KOLKHORST: If you would,
10
    state your name for the record.
11
                  MR. BLACK: I'm Stephen Black. I'm
    the associate commissioner for statewide intake at
12
13
   DFPS.
14
                  SENATOR KOLKHORST: Great.
                                              Can you
15
   pull your microphone just a little closer to you and
16
    speak directly into it?
17
                  MR. BLACK: Is that better?
18
                  SENATOR KOLKHORST: Thank you.
19
             Continue with your presentation. How do
20
   y'all want to do this?
21
                  MR. BLACK: Okay. So for statewide
22
    intake, we receive referrals from multiple sources,
23
   most commonly phone calls. Also internet reports
24
   and mail and fax even occasionally. In the cases of
25
    the reports that we received beginning on
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January 24th, all of those were phone calls.

And so in those situations, our intake specialist are going to ask the appropriate questions to make the appropriate assessments and then prioritize those as either a Priority 1 or a Priority 2 intake.

Once those assessments are made for our child care licensing investigation, they are then forwarded on to a screener. And the screener is going to review the facility to make sure it is indeed within our jurisdiction to investigate, and also they're going to look to make sure that it's not something that we have already received in the past and have already completed an investigation on it.

The screeners also are going to notify caseworkers. And so we notify the caseworker of any child in care anytime we get a new intake on that child through automatic notification, a manual notification through IMPACT, and also an e-mail of the screeners. Once that is finished and the screeners have confirmed that this is a case that needs to move forward with an investigation, it is then assigned to residential child care investigations, which is when the investigator then

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5
 1
   picks up the case.
                  SENATOR KOLKHORST: All right.
 2
                                                   So
 3
   let's slow down and back up a little bit. And one
 4
   more time, pull that microphone a little closer.
 5
   don't hear that great. Yeah, talk straight into it.
             So on statewide intake, let's take an
 6
 7
    example of when you say you receive a call. To
 8
    clarify for the committee, are we talking about any
 9
   call on any abuse of a child, or are we talking
10
   directly about facilities?
                  MR. BLACK: Well, this particular
11
12
   presentation is more focused on the facilities.
13
                  SENATOR KOLKHORST: Great.
                                               So let's
14
   go from there. You receive a call, and I didn't
15
    quite hear, most often do you have the percentage of
16
    is that within the facility or outside the facility?
17
   What's most often that call where -- who -- a
18
   worker? What's most common?
19
                  MR. BLACK: No, most commonly our
20
    calls will come from either facility staff
21
    themselves, or if the caseworker is already aware of
22
    the abuse and neglect, the caseworker may call it
23
    in.
24
                  SENATOR KOLKHORST: So sometimes it's
25
    the operator that calls you and says, "Look, this
```

6 1 incident has taken place, " correct? 2 MR. BLACK: Yes, ma'am. 3 SENATOR KOLKHORST: And with 4 heightened monitoring, that's super important; is 5 that correct? MR. BLACK: That's correct. 6 7 SENATOR KOLKHORST: All right. 8 Screeners, who are the screeners? 9 MR. BLACK: The screeners are a group 10 of staff that take a secondary review of almost all 11 the child care investigation intakes. And, again, 12 their function is to make sure that the facility is indeed within our jurisdiction to investigate and to 13 14 make sure that it's not a matter that has already 15 been investigated by our agency before forwarding on 16 for investigation. 17 In addition to the review of the new case, 18 the screeners also are responsible for doing a 19 detailed history review of all closed cases on the 20 facility, to supplement that for the investigator. 21 And the screeners are also responsible for making a number of notifications as well. 22 23 SENATOR KOLKHORST: Priority 1 and Priority 2, explain to the committee the difference 24 25 between those two, and who makes that determination

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7
 1
   what is Priority 1 and Priority 2?
 2
                  MR. BLACK: The intake specialist is
 3
   going to make that initial assessment.
             And so a Priority 1 is defined as a
 4
 5
   situation where there's immediate risk of death,
   serious injury or life-threatening abuse or neglect.
 6
 7
   A Priority 2 is going to be where there's no
 8
   indication of immediate risk of death or substantial
 9
   harm. So that initial decision is made by the
10
    intake specialist that has taken the phone call.
11
                  SENATOR KOLKHORST: And there is also
    a Priority None; am I correct?
12
13
                  MR. BLACK: Not for residential care
    investigations, not at the intake stage.
14
15
                  SENATOR KOLKHORST: So already
16
   Priority 1 or Priority 2.
17
                  MR. BLACK: Based on that phone call
18
   or e-report, they're either taken Priority 1 or a
19
   Priority 2.
20
                  SENATOR KOLKHORST: Any phone call
21
   will begin an investigation?
22
                  MR. BLACK: That if -- if the
23
   allegations meet our standards of abuse, neglect or
24
    exploitation, yes.
25
                  SENATOR KOLKHORST: Okay. And so at
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8
 1
   that point, give us some timelines. Walk us through
 2
   your chart. How quickly does that happen on a
 3
   Priority 1?
 4
                  MR. BLACK: So the --
 5
                  SENATOR KOLKHORST: There's immediate
    threat of death.
 6
 7
                  MR. BLACK: So the process of an
 8
   intake from start to finish is usually less than
 9
    45 minutes. You know, that's the intake specialist
10
   handling the phone call, finishing the phone call,
11
   writing up their report, and then assigned to get
12
    out for the screener to review.
             Screeners have 24 hours to do their review
13
14
    in most cases. However, if it is a Priority 1, that
15
    investigation needs to start within 24 hours.
16
    the timeline is going to be compressed for a
17
    screener to get that information vetted, complete
18
    their documentation searches, send out their alerts,
19
    and get it done in enough time that the investigator
20
    can start their investigation within 24 hours.
21
                  SENATOR KOLKHORST: Then what happens
22
    if they -- if it's Priority 1 -- and let's just take
23
   The Refuge. Your first call on January the 24th, is
24
    that Priority 1 or Priority 2?
25
                  MR. BLACK: The first call was a
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9
 1
   Priority 2.
 2
                  SENATOR KOLKHORST:
                                      Okay. So what
 3
   happens on a Priority 2, how much time do you have?
                              It's the same time frames.
 4
                  MR. BLACK:
 5
    Intake specialist still spends about 45 minutes on
    the phone call and the wrap up. The screeners are
 6
 7
    still spending the same amount of time to get their
   part done and their alerts sent off. And then it's
 8
 9
   sent to the -- to the investigator. So for a
10
   Priority 1 or Priority 2, most of the work we're
11
   doing at statewide intake is all done in roughly the
12
    same amount of time.
13
                  SENATOR KOLKHORST: So after the
14
    24 hours, what happens at that point?
15
                  MR. BLACK: At that point, the intake
16
   has now progressed to an investigation stage for an
    investigator to handle.
17
18
                  SENATOR KOLKHORST: And how quickly
19
   does the investigator have to move?
20
                  MR. BLACK: With a Priority 1, they
21
   have 24 hours upon receiving the intake, and from
22
   Priority 2, they have 72 hours.
23
                  SENATOR KOLKHORST: So they go on to
24
    the facility. And then what happens? They're doing
25
    their investigation?
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10
 1
                  MR. BLACK: At that point, I think I
 2
   would turn it over to Rich Richman who can explain
 3
    the investigation side.
 4
                  SENATOR KOLKHORST: Sure. And what
 5
   slide would we be on right now? Is it -- are y'all
   following a slide, or am I just teasing this out of
 6
 7
   y'all?
 8
                  MR. RICHMAN: Ten, ma'am.
 9
                  SENATOR KOLKHORST: Let's go to slide
10
    ten.
11
                  SENATOR PERRY: Madam Chair, while we
12
    are there, real quick, so under a Priority 1 where
13
    immediate threat or danger, the screener would pass
14
    that on, y'all would have an intake within 24 hours.
15
   But if the screener said we believe there's
16
    immediate harm at this point in time, do they
17
   dispatch? Do they call 911? What do they do for
18
    someone -- for a child, or in this case, a facility
19
   has a situation? So hopefully you would have
20
    somebody on site dialing 911. But assuming the
21
   hotline is what was in their room and that's what
22
    they went to, does the screener automatically refer
23
    that immediately to emergency services and first
24
   responder to get out there?
25
                  MR. BLACK: They could have that
```

11 1 option, but that's not typically how the process 2 works. So if the screener gets a Priority 2 and 3 they feel it should be a Priority 1, they can and 4 will make that change. 5 SENATOR PERRY: So I am going to risk being Captain Obvious here. I have an immediate 6 7 threat. I have 24 hours according to agency 8 protocols to have an intake. If there's immediate 9 threat, who do they contact, or how is a contact 10 made to have someone show up, i.e., typically 11 police, to make sure that the immediate threat is 12 mitigated and you can gauge -- who -- I understand 13 it's not your primary role, but is that a function 14 if the person is saying, "I didn't know who else to 15 I called this 800 hotline. I've got a 16 problem here and I think I'm going to get killed 17 today if someone doesn't show up, " do they refer 18 that to first responders? 19 MR. BLACK: Yes, that would happen at 20 the intake stage. If that's necessary, the intake 21 specialist could and will occasionally dial 911 if 22 they feel they need to. 23 SENATOR PERRY: Okay. And I just want 24 to make sure -- and I have learned through state

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agencies, if we're not very prescriptive, we cannot

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1
   assume common sense has left the building. Are your
 2
   screeners educated, informed and independent enough
 3
   to make that call to 911 immediately without fear of
   repercussions from the agency for not following
 4
 5
   protocol?
                  MR. BLACK: That would be correct,
 6
 7
    there would be no fear of repercussion.
 8
                  SENATOR PERRY: Because I know that
 9
   sounds like a really strange question to ask, but
10
    the more I'm around this agency, and all agencies
11
    for that matter, common sense has left the room.
12
                  SENATOR KOLKHORST: Senator Huffman.
13
                  SENATOR HUFFMAN: Just briefly on this
14
    same issue, because I know you want them to
15
    complete, but you spoke about the -- and I missed it
16
    somehow, but they have to send out alerts, the
17
    screener, and those are standard. So is that what
18
    I'm looking at somebody's mailbox?
19
                  SENATOR KOLKHORST: What page?
20
                  SENATOR HUFFMAN: Three different
21
   mailboxes, right?
22
                  MR. BLACK: That's correct.
                                                So
23
   depending on the situation, we'll determine who gets
   notified via e-mail. And so anytime we get a new
24
25
    intake in a child that's in conservatorship, each
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1 quess we'll get into this later, and I don't want to 2 get into it too deeply, but then those people who 3 receive those alerts, they have some 4 responsibilities as well at that point, or is their 5 job just to wait to see what the investigation leads to? 6 7 MR. BLACK: There are some immediate 8 responsibilities that they will have to go through. 9 I mean, the -- our CPS resource witness can speak 10 probably better to that. But, yes, it's a 11 combination of both. They have some immediate 12 things they have to review, but, obviously, the 13 investigation has not been completed at that time. 14 SENATOR HUFFMAN: So my point -- I 15 think that Senator Perry was getting to as well as 16 there was some immediacy, like, oh, my gosh, we have 17 got this complaint, is someone doing something about 18 this quickly? Because a lot of these -- I mean, I 19 understand some are allegations and some are 20 probably -- the complaint's a little bit not clear, 21 garbled. But many of it, including the one that 22 occurred at The Refuge, required immediate response 23 in my opinion. So I just want to -- I'm trying to 24 figure out how the system is set up for immediacy. 25 SENATOR KOLKHORST: And before we go

1 into investigations, I'm not sure who at the table 2 said that we don't investigate Priority None. 3 the last session we did give y'all investigators to 4 eliminate the majority of reclassifications of 5 intakes to Priority None. I know that I kind of fought that during the session a little bit, but in 6 7 the end -- and I didn't ask Julie this, but, 8 Members, there was an exceptional item that we did 9 not fund that was requested. And so, you know I'll 10 follow up on that, that we don't Priority Nones that 11 I do think we follow up on. That might be a result 12 of the court case or whatever. But if anyone wants 13 to speak to that right now, you can. 14 investigator might want to. And so if you would 15 state your name for the record. 16 MR. RICHMAN: Thank you, Madam 17 Chairman. 18 My name is Robert "Rich" Richman. I'm the 19 associate commissioner over child protective 20 investigations. 21 So with regard to your question about the 22 Priority None, based on these residential child care cases, in combination with the foster care 23 24 litigation, we have chosen not to take any intakes 25 as a Priority None. We have them as either a

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1
   Priority 1 or Priority 2. Once they make it into
 2
    our -- I'm going to call the residential child care
 3
    investigators the RCCI. Once it goes into the RCCI
 4
    screeners, once the supervisors look at the case,
    they can determine that if it is a duplicate or
 5
    something of that sort, then they can deem that as
 6
 7
   Priority None.
 8
             Our purpose behind it is to make sure that
 9
   we're investigating every single case and that we're
10
   not clearing any of these without having gone
11
    through the process.
12
                  SENATOR KOLKHORST: Okay. Now, let's
13
   go into -- I just wanted to clarify that.
14
             Let's go into from statewide intake to
15
   you, what happens? And I want to echo Senator
16
   Huffman and Senator Perry. When I look at this
17
    chart, I see a lot of e-mails being sent out and
18
    things like that, and maybe that's the way you go.
19
    I would just ask, how many of these statewide
20
    intake -- how many Priority 1s and 2s have -- do
21
   y'all receive? Maybe that's back to.
22
                  MR. RICHMAN: Excuse me, let me look
   for it because I know we have it here. We have
23
24
    several that receive. . .
25
             Just if you take the entire program
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that could be a caregiver calling in about a parent,

little meltdown in general because that's every --

24

18 1 that could be a teacher calling in. Correct? 2 MR. BLACK: Correct. 3 SENATOR KOLKHORST: Okay. And we're 4 focusing a little bit on the residential care, the 5 GROs. 6 Senator Perry. 7 SENATOR PERRY: Well, I'm not going to 8 leave this one alone. I don't know if you track it, 9 you should, and there's a record of it with 911. 10 would love to know how many Priority 1s have a 911 11 contact through your screeners, because you said 12 they have the authority and the ability. That 13 didn't give me comfort that they were doing it, and 14 I have a hunch that there's opportunity they should 15 be doing it. So I need something from your group, 16 not today. That's not what y'all thought. But it's 17 just a revelation that we always get through this 18 process that I think it's contrary. If you track 19 it, great. If you don't, spend a little time and 20 start tracking it now. But look back and see how 21 many were immediate assessment deaths where a child 22 was in danger that y'all were the initial 911 23 contact. I assume y'all probably get the referral after a lot of 911 contact, but if this is the first 24 25 priority and you can't discern whether you're the

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19
 1
   first or not, I would like to know if you're doing
 2
   it.
 3
                  SENATOR KOLKHORST: Senator Menéndez.
                  SENATOR MENÉNDEZ: So following up on
 4
 5
   the lines of my colleague, Senator Perry, if the
 6
   calls that y'all received about The Refuge had been
 7
   classified as a Priority 1, how much of the process
 8
   would have been handled differently? I mean,
 9
   because my understanding is that it's -- it went
10
   through a circuitous way. It took a while.
11
    I mean, it appears that -- I think the -- does it
12
    only change the initial time frame? That's the
13
   question.
14
                  MR. BLACK: From the statewide intake
15
    standpoint, yes, it just changes that initial time
16
            Because as I mentioned, the notifications
    frame.
17
    that we make are going to be roughly in the same
18
    amount of time regardless if it's a Priority 1 or a
19
   Priority 2. What it does do, it does give the
20
    investigator a little bit more time to initiate that
21
    investigation.
22
             If there's any other changes between a
23
   Priority 1 or Priority 2, that's something that Rich
24
    could speak to.
25
                  SENATOR MENÉNDEZ: When someone calls
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20
 1
    in to your intake, are those calls recorded?
 2
                  MR. BLACK: Yes, they are.
                  SENATOR MENÉNDEZ: So would you be
 3
   able to make those recordings or transcripts
 4
 5
   available to us?
 6
                  MR. BLACK: I believe that would be
 7
   possible, yes.
                  SENATOR MENÉNDEZ: I would like to see
 8
 9
    that because I would like to see what they -- the
10
    calls were -- the callers were telling you was going
11
    on and then match that up with what happened.
12
             Thank you, Madam Chair.
13
                  SENATOR KOLKHORST: Senator Huffman.
14
                  SENATOR HUFFMAN: Just a couple of
15
   questions.
16
             One, how many Priority 1 calls did you
17
   receive from a residential care facility last year?
18
                  MR. BLACK: That's information we can
19
   get you by the end of the day.
20
                  SENATOR HUFFMAN: And Priority 2 as
21
   well?
22
                  MR. BLACK: Yes, ma'am.
23
                  SENATOR HUFFMAN: Because I think we
24
   need -- I'm surprised you don't have that number,
25
    frankly, that you brought to us today because that
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1
   goes to the whole heart of the problem is -- I don't
 2
   even -- does anyone know how to quess? I don't.
                                                       Ι
 3
   mean, how you responded to this problem can be
 4
   explained somewhat or need to know how many you're
 5
   dealing with. And if it's not that many, then --
   you know, I understand there has to be
 6
 7
   accountability, so you have a system in place where
8
   people have to do certain things.
 9
            But, you know, I miss the times when
10
   someone would pick up the phone and say, you know,
11
    "We have a problem. There's a kid in a facility
   that's being abused. Now get somebody down there
12
13
   right now." Why isn't that happening? And I'm not
14
   -- I'm not fussing at anyone. It's just very
15
   frustrating to sit here and look at these stupid
16
   graphs, you know, and just wondering why someone
17
    just didn't do something. You know?
18
             And if there's thousands and tens of
19
   thousands of complaints, then you can understand,
20
   well, okay, this is tough. But if there's just a
21
   couple of them coming in a day or whatever, then, by
22
   God, do something more than what was done.
23
             Thank you.
24
                  SENATOR KOLKHORST: And thank you,
25
   Senator Huffman.
```

1 I want to add to that. I thought maybe I 2 was overreacting or having a bad day here when I 3 read the charts last night and I saw all these e-mails and things about the severity. If I know a 4 5 child is being raped in a facility, that's Priority 1 to me. Okay? I mean, like, that's get somebody 6 7 down there right now. 8 Now, again, if you're getting 2,000 of 9 those calls a day, which I don't think 2,000 times a 10 day is happening in a residential treatment center, then we know there's a lot of false in that. But 11 12 that's what we're trying to figure out, ferret out 13 for y'all, work with you to make this a better 14 system to keep our children safe. 15 So phone calls are important and 16 communication, lines of communication with these. 17 would ask this question: I know through my research 18 we have had 1500 beds come off line. How many 19 facilities, residential treatment centers and GROs 20 do we have in the state of Texas since we are 21 focusing on that today? Do we know? MS. MASTERS: Hundreds. I mean, we 22 23 may even have thousands of facilities. Not all of them do business with DFPS, though. There are 24 25 numerous licensed facilities, but not all of them do

1 business with DFPS. 2 SENATOR KOLKHORST: I would ask 3 HHSC -- I know you're in the room. You license these facilities. I would like to know that number 4 on residential treatment centers. Surely we know 5 how many we contract with and how many beds we have 6 7 available at this point. 8 And then, again, when I say we would like 9 a follow up, I would like a follow up in the 24-hour 10 period, by tomorrow afternoon, to know how many of 11 Priority 1s and Priority 2s we receive just from --12 again, the general term is GRO, but, you know, we know that there is kind of the GRO but then there's 13 14 the RTC. You can split it out or not, but it would 15 give us a really good feel for where we are. 16 All right. So we're at this point on --17 there has been a phone call made. There's been a 18 screen. It has been Priority 1 or Priority 2. And 19 at that point, Mr. Richman, I think you pick up from 20 here. 21 MR. RICHMAN: Yes, ma'am. 22 apologize, we'll get those numbers to you. 23 So from that point we're going to be on --24 we're going to be on page 9 of that spreadsheet that

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we have there called "Residential Child Care

Investigations."

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So once we receive it, it goes to our RCCI screener and we look for multiple referrals. it goes through this process, we look at the multiple referrals. If we have them multiple referrals, it's then referred to our complex investigation division, which is made up of senior investigators that are used to working cases that have multiple complexities to them, and they will take a look at all of these and be able to put those together based on how many referrals this one -this one facility has. If there isn't, the case assignment and staffing goes, it goes to the supervisor as well as the investigator. They'll review the criminal history and central registry and arrange for joint investigations as needed. Then they'll complete notifications as required at the beginning of the investigation. So when they initiate the investigation, the first thing they do is the supervisor and the

So when they initiate the investigation, the first thing they do is the supervisor and the investigator will sit and meet and they will have a strategy meeting about what they need to do in an investigation, and they will lay out on paper exactly the steps they need to take during the

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1
    initial investigation based on the initial intake.
 2
                  SENATOR KOLKHORST: At this point,
 3
   when have you notified the court monitors?
                  MR. RICHMAN: So oftentimes, the court
 4
   monitors are not notified until we have the initial
 5
    contact and we have a good idea of what's going on
 6
 7
    in the facility, because many times we will get
 8
    intakes of information that's partial information,
 9
    sometimes duplicate information. So after they
10
    start doing the initial investigation and have a
11
    staffing with their supervisor based on what they
12
    see.
13
                  SENATOR KOLKHORST: Would that be the
   middle line right here, "Initiate investigation" --
14
15
                  MR. RICHMAN: Yes. As we go through
16
    this --
17
                  SENATOR KOLKHORST: -- "interview
18
   alleged victims"?
19
                  MR. RICHMAN: Yes, ma'am.
20
                  SENATOR KOLKHORST: So from the call
21
    to the screening to the then Priority 1 and Priority
22
    2, you step in. When I get to "Initiate
23
    investigation, interview alleged victims, "what's
24
    that time period from the call to that box?
25
                  MR. RICHMAN: So when the clock starts
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1 ticking, as soon as it comes in as an intake, we 2 have 24 hours to make that first -- and this is with 3 a Priority 1 -- we have 24 hours to make that first contact. So that time is relatively quick for 4 5 the -- if it's a Priority 1, we have -- we have supervisors that are on call 24/7. They'll receive 6 7 the call. They'll call an on-call personnel 8 investigator. They'll staff the case with that 9 investigator, and they'll come up with a strategy 10 immediately. And then within 24 hours, they'll make 11 contact with the -- with the facility or with the outcry, the victim. 12 13 SENATOR KOLKHORST: So I know that I 14 have some residential treatment centers in Senate 15 District 18, and I am told by local law enforcement 16 that they often get 911 calls. So how do y'all 17 handle that? And when I say "often," it's into the hundreds potentially. And so if the local law 18 19 enforcement receives a 911 phone call and I -- you 20 know, it can vary all different kinds of things. 21 Do -- are y'all also notified? 22 I'll give you an example. 911 phone call, 23 we have a missing resident, a missing child. Do y'all also get that phone call, or does the sheriff 24 25 just go out and find the child and bring it back?

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27
 1
   Can things happen where y'all don't even know it's
 2
   happening?
 3
                  MR. BLACK: Yeah, I can take that.
             The facility itself should call statewide
 4
 5
    intake whenever they have a child that's missing,
   runaway. So we would get that phone call not from
 6
 7
    911 but frequently from the facility.
 8
                  SENATOR KOLKHORST: What about other
 9
    911 phone calls that are made by residents? And,
10
    again, I'm pretty close to my law enforcement, and
11
    there are a lot.
12
                  MR. BLACK: No, I mean, one of our
13
   most common reporters is going to be local law
14
    enforcement. So if a 911 call goes out from a
15
    facility, more than likely, depending on what is --
16
    what is assessed to have happened upon that
17
    immediate response, we're likely to get a phone call
18
   at statewide intake.
19
                  SENATOR KOLKHORST: Okay. Thank you.
20
             Okay.
                    Continue. Are you still going down
21
   your chart?
22
                  MR. RICHMAN: Absolutely. Anything
23
   you need me to do.
24
                  SENATOR KOLKHORST: Yeah, keep going.
25
    So we were at I think that middle row, "Interview
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1 alleged perpetrators." 2 MR. RICHMAN: Yes, ma'am. So we 3 interview the alleged perpetrators and the collaterals, gather the additional information and 4 5 evidence as needed to make a finding. This is the entirety of the investigation when they're out there 6 7 actually doing the job investigating, talking to all 8 of the people, gathering evidence of whatnot. 9 They complete the disproportional or 10 extension, that is if they need additional time. 11 They ask their supervisors for additional time 12 because we have a 30-hour -- or a 30-day time frame 13 we want to complete these investigations in. 14 Whether it is allowed or not, it depends. They have 15 another staffing about this to discuss whether they 16 need this, what exactly needs to be done on the 17 And then they complete the documentation and 18 submit the investigation within 30 calendar days. 19 That's the time frame. 20 The supervisor will review the 21 investigation for approval. If they approve it, it 22 will go down to the next round. As you see on the 23 bottom, it will ask the question, "Does the

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Now, the reasons for a secondary approval

investigation require secondary approval?"

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1
   would be, say, that it's a fatality investigation or
 2
   a near death, near fatality if it's a reason to
   believe that it is actually committed, and this is
 3
 4
   for any reason whatsoever, sexual abuse, serious
 5
    injury, or unable to determine. So if any of those
   are a yes, then we're going to send it back to the
 6
 7
    complex investigation division so that they can
 8
   review it for secondary review of the investigation
 9
   process. If they approve it, then it goes into the,
10
    "Notify applicable parties." If they reject, it
11
   goes back into the complex investigation team, they
12
   do another staffing on this case, and they make sure
13
   all of the answers to the questions have been --
14
   have been completed.
15
             Now, during this process, which I didn't
16
   mention in this, is that anytime during this
17
    investigation, if I find that there's criminal
18
    allegations, we will also include our special
19
    investigators which are made up of retired law
    enforcement officers or former law enforcement
20
21
    officers who are trained in child protective
22
    investigations.
23
                  SENATOR KOLKHORST: Senator Perry.
24
                  SENATOR PERRY: Thank you, Madam
25
   Chair.
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30 1 Real quick, back to screeners. Do you 2 know if there's a box on their intake form that asks 3 if 911 has been contacted? 4 MR. BLACK: No, there's not. 5 SENATOR PERRY: There's not? So the screener doesn't say, "Have you contacted 911?" 6 7 MR. BLACK: The screener would not be 8 speaking directly to the reporter. That's handled 9 initially by the intake specialist. 10 SENATOR PERRY: No, I -- okay. 11 up. The intake specialist, is there a box on the 12 intake specialist's form -- we're splitting hairs 13 here I think, but you know where I'm going. 14 there an inquiry, "Has 911 been contacted?" 15 MR. BLACK: No, there is not. 16 situation where the intake specialist is actually 17 advising the reporter to call 911 or the intake 18 specialist decides to call 911 themselves, that 19 information is typically noted in interior of the intake. 20 21 SENATOR PERRY: Wouldn't it be logical 22 that the first box on the front is: Is this a 911 23 emergency, and have you contacted them? 24 MR. BLACK: Most commonly, the 25 information that we receive are not going to be

31 1 considered 911 emergencies. 2 SENATOR PERRY: You're missing the 3 whole point, but we'll move on from that. 4 Secondly. So when you start an 5 investigation -- and I'm going to make -- maybe I'm wrong on this. This is basically the caseworker, 6 7 This is the one that's out there, the boots 8 on ground in the home doing the investigation, the 9 intakes, and that goes to you, correct? 10 MR. RICHMAN: Yes, sir. SENATOR PERRY: And then from there it 11 12 goes up to supervisors and reviews and specialists 13 are called in if determined they need to be in, and 14 they look at the totality of all of the reports and 15 things that are going on. And that makes -- you 16 said you contact the monitor, the court monitor, 17 which I'm assuming is required, but what is the 18 substance of their conversation? What are they 19 looking for from the investigation side? What is 20 their role? 21 MS. MASTERS: I'll take that. 22 So it is not really a process in here 23 where it says at this point you contact the 24 monitors. That is -- that is really dependent on 25 certain actions we're taking. So for this case, it

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was because we were removing the children, and it is an expectation of the court that we notify them of why we are doing things like that. So it is not something in the process. SENATOR PERRY: All removals pretty much are a communication with the monitor, and then they can do what they want about it. Do you know what they're looking for or what their concerns are or where they do focus on when you have that communication? I'm trying to get down to the point, to be perfectly honest, and it's a conversation you and I've had and other things, we have a \$1.3 million check going out to people that have a real conflict because there's really no reason for them to effectively get out of this, for lack of a better term, scam because they're going to get a \$1.3 million check as long as we carry it, as long as we can't show that we've made improvements according to their judgment that the judge would approve. So I'm really trying to get down to what role are the monitors serving today other than it's a court order issue? MS. MASTERS: Data collection on what we are doing. I don't know that there's a -- I have no idea what their -- what they would be looking for

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33
 1
    except for gathering the same information that --
 2
                  SENATOR PERRY: So you're an
 3
    investigator. What's your communication with court
 4
   monitor, if any?
 5
                  MR. RICHMAN: So the investigators
    themselves are not going to have that direct
 6
 7
    communication.
 8
                  SENATOR PERRY: But you would be as a
 9
   supervisor, correct?
10
                  MR. RICHMAN: As the supervisor, they
   wouldn't either. What they would do is they would
11
12
    elevate it through the chain of command and they
13
   would elevate it up to the state office, and that
14
   would next be who is --
15
                  SENATOR PERRY: So big picture here.
16
    I'm trying to figure out what role they're serving
17
    other than a communication link that the
18
   Legislature -- I've always advocated if we can't get
19
    it right, then the Legislature is going to be doing
20
    the agency's work for them if we need to. So we're
21
   going to have some honest assessment of that
22
   relationship and the judge's requirement to keep
23
    spending 1.3 million a month. It's close to
24
    $36 million biannual that we could be using to
25
    further psychiatric and mental health and other
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1 issues. 2 It's kind of like we're on this circle 3 that's -- Chairman Kolkhorst said it's kind of insanity that we're not getting the services done 4 5 that we need to but are tied to a monitor that has no incentive to really quit monitoring us. 6 7 So next -- so y'all don't have any 8 communication that you're aware of directly with. 9 It's kind of on an as need, but any removal would 10 require that. 11 So I talk to caseworkers. I make it a point to try not to shoot from the hip, even though 12 13 it may seem it, but I try to go to the people that 14 are responsible for doing the work of the agency at 15 a level that if they get it right, the processes 16 work; if they get it wrong, the processes don't 17 And we put a lot of responsibility on these 18 caseworkers. 19 So, specifically, a temporary emergency 20 placement is 72 hours with a foster parent that's 21 met the licensing requirement, the way I understand 22 it. You drop the kid off there. Like, in a 23 Priority 1, you would move that child to a TEP, I

guess, a licensed foster care parent as long as

there's no medical issues. I assume that's the

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1
   first leg of defense. Right? Is that true?
                                                  If you
 2
   remove a kid, you give them to the temporary
 3
   emergency placement; is that right?
 4
                  MR. RICHMAN:
                               Yes, as we go through,
 5
   if there's removal of a child, then the child is
   placed --
 6
 7
                  SENATOR PERRY: So if they deem it's
 8
   emergency and you're going to take the kid out, you
 9
   send them to a licensed foster family. That foster
10
   family may be licensed to adopt additionally.
11
   Second criteria. But it's just a foster licensed
12
   parent at that point, correct?
13
                  MS. MASTERS: Correct.
14
                  MR. RICHMAN: That's a 72-hour
15
   arrangement, is it not?
16
                  MS. MASTERS: Yes. Sometimes children
17
   are placed, though, with kin when there's an
18
   emergency movement, and so they may be placed with
19
   family. And they may stay there even after the
20
   court hearing.
21
                  SENATOR PERRY: Let's set the kinship
22
   aside. If we're in the foster system -- and this is
23
   important, and it's going to tie into all the
24
   conversations we're going to continue to have today
25
   until probably midnight. In the foster parent
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36
 1
   setting, if you're -- if you're licensed to be a
 2
   foster parent, you may be called on that day, "We
 3
   need you to take this child"?
 4
                  MS. MASTERS: Yes, sir.
 5
                  SENATOR PERRY: And that's a temporary
    emergency placement?
 6
 7
                  MS. MASTERS: Yes, sir.
 8
                  SENATOR PERRY: And that's for
 9
    72 hours?
10
                  MS. MASTERS: I believe so.
                                                But
11
   Deneen may be able to speak to that further.
12
                  SENATOR PERRY: So would it surprise
13
   you that I have caseworkers that went under a TEP of
14
    72 hours that ended up having the child there for
15
    30 days?
16
                  MS. MASTERS: It would not.
17
                  SENATOR PERRY: Would it surprise you
18
    that you're supposed to have interaction with the
    caseworker that made that referral for the child to
19
20
   be removed to the TEP process that has had no
21
    communication with that caseworker for 30 days?
22
                  MS. MASTERS: That would be very
23
   concerning.
24
                  SENATOR PERRY: But you think it
25
   probably happens?
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37 1 MS. MASTERS: It is likely that it 2 might have happened. 3 SENATOR PERRY: Okay. So I'm going to 4 align the global picture here. We're going to keep 5 coming back to it from when my questioning is. don't seem to support the very people that we look 6 7 to to go out and get the job done so we have a basis to make the right decision. 8 9 Additionally, talking to caseworkers, they 10 feel they have no voice in the process, that when 11 they go to court, they don't have the freedom to 12 actually advocate for the foster parent that would be going to adopt that child, and that they're told 13 14 by supervisors and administration down: This is 15 your narrative, and you will stay to it regardless 16 of what the facts may determine differently. Do you 17 have an opinion that that is a fairly -- let me back 18 up. You do have exit conferences with your 19 caseworkers, correct? 20 MS. MASTERS: We do. 21 SENATOR PERRY: And I think you have 22 disclosed to me that a major concern that you hear 23 over and over again, caseworkers do their job but they feel like at the administrative level, the 24 25 supervisor level that have never met the family,

38 1 never met the child, are looking at these horrific 2 original reports, have a court actually rule in 3 favor of the foster parent, and then have 4 vindictiveness throughout the organization to come 5 back after that family and that caseworker. So I sense there's a culture problem. 6 I 7 sense there's a bias, institutional cynicism. And 8 if I was in that line of work for years, I can see 9 where I could get that way, but we are not treating 10 our caseworkers properly with the respect they 11 deserve and having a voice of the caseworker in the 12 court process that's real and legit. And when you 13 do that, you short circuit the only system we can 14 rely on to get the -- to get it right. 15 If judges aren't getting true and accurate 16 information -- and I asked the question to you the 17 other day, are judges prohibited from asking 18 opinions of foster parents that have been in the 19 care of the child, and you said no. 20 MS. MASTERS: Correct. 21 SENATOR PERRY: I wish we had a family 22 court judge in here today that could confirm all of 23 this. 24 So here's my point. I'm going on. You're 25 the supervisor of the caseworker. You're the lead

1 investigator on this at the administrative level. 2 Do the lead administrators ever actually have 3 conversations with the family or the children involved? 4 5 MS. MASTERS: I am sure there are cases where they have, but they would not have the 6 7 intake that a caseworker -- or the relationship that 8 a caseworker would have. 9 SENATOR PERRY: So when it goes to 10 court, and I would say the majority of the time 11 based on what I know -- and if I'm wrong, please 12 correct me now. This is your opportunity to correct me now -- that if a caseworker has made a 13 14 determination that the family was not as bad as we 15 first thought and that kid should stay in that 16 house, that's not really the narrative or what is 17 shared at the next advisory or supervisory levels, 18 and that's not the narrative they want out, and so, 19 therefore, it's overruled. Is that decision more 20 often than not at the administrator and supervisor 21 level made without an interaction with the actual 22 family and the children involved and specifically a 23 foster parent that may have had custody of that 24 child for years? 25 MS. MASTERS: That should not happen.

truism we can all believe is true. If he's getting

1 it in Harris County and I'm getting it in Lubbock 2 County, those are not really what I would call 3 similar communities. Culturally different. 4 Everything is different. But if we're getting the 5 same information from the folks that we rely on to do the hardest of the hardest of jobs in the state 6 7 and then we treat them like a third class citizen 8 and the parents that are willing to step out have no 9 voice in this process and you're aware of it -- how 10 long have you been here? 11 MS. MASTERS: Two years. 12 SENATOR PERRY: What have you done to 13 change the culture and remove this issue so that our 14 caseworkers aren't leaving by droves because they're 15 frustrated not for the pay but because they have no 16 role when the final decision to remove permanently 17 or help some family that is legitimately in the best 18 interest of that child? MS. MASTERS: So, Senator, that is not 19 20 a comment that I often get from caseworkers. And 21 caseworkers don't shy away from e-mailing me 22 directly about what their concerns are or raising 23 cases to me to intervene in. And I do every time. 24 As well as members that bring them to me. This is 25 not something that I hear often from caseworkers,

that they are directed what to say. We would address that at the time.

But I will tell you, HR, right now, is in the process of doing a management review across the board, because what I often hear is that middle level management is the one that sets the culture, and that's the one that I hear the most about. And so we are reviewing every single one of those positions to see if they should remain.

And as far as the judges and the foster parent's voice, I have no influence over who the judge calls to testify in court.

SENATOR PERRY: I think it is a policy, if we made it a requirement that if the child's been under foster care for some certain amount of time, that justifies a bonding and attachment, especially young kids, that that foster parent can support and the ad litem agrees and CASA agrees, that maybe we make it where the judge has to have a communication with that group because we're -- we're undermining the foster care system, and we're not doing what's the best for the kids.

Back to my comment, that if you're going to remove a kid permanently and it's an

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administrative supervisory, pretty much, decision,

1 and the caseworker and other experts that we have 2 employed in the state say this is not the best 3 interest, I think if I'm a supervisor administrator 4 making this life-changing decision for that child or 5 that family, I'd kind of want to go visit with them. 6 MS. MASTERS: Absolutely. I will say, 7 Senator, that usually the guardian ad litem carries 8 the most weight with what the court decides to do. 9 SENATOR PERRY: I think sometimes we 10 get in our bubble and we're sanitized, we're sitting 11 behind a desk and we get all these reports and the 12 first report was horrible, and as the case moves 13 through the system it may get better but you can't 14 get that vision of the first report out of your 15 mind, and we err on the safety of the child, and we 16 should, but I don't know how you -- I don't know how 17 you -- it's what I said earlier, there is no easy 18 answer. And this is not to be a slam on the people 19 in the system, but we've got to exercise every 20 avenue. 21 And I think the only way -- back to my 22 original comment -- you've got to see one-on-one 23 people in this situation, or you just push the paper 24 down the side and say I've got another case pending 25 and I've got to move on. It's human nature.

1 But I think the agency really needs to do 2 a deep dive. And if you're getting a decision at 3 the top to permanently remove that child out of the 4 system at the expense of a foster parent that's 5 willing to adopt possibly or at the expense of the biological parent that has shown capacity, because 6 7 you've only got 32 percent reunification, which that says a lot about society, but I think if I was the 8 9 head of an agency that has that power and that 10 authority, I would want to know that the people 11 making that decision are personally invested in that 12 family. I would say if it's a resource issue, shame 13 on you for not asking for it. 14 SENATOR KOLKHORST: Senator Perry, 15 what I talked about, I think the committee will go 16 more into in future hearings as we look to work with 17 this agency to make it better. As the lieutenant 18 governor talked about, we review our policies. 19 Certainly, we heard from the LBB, the amount of 20 resources that we have a poured into this agency has 21 been large. 22 Kind of back to this investigation stage. 23 I was able to look up just RTCs. It's an 24 interesting trend. In 2019, y'all had 1,181 25 allegations. In 2020, 2,817. And by 2021, 3,608.

45 1 That is threefold from 2019. Your confirmed cases, 2 2019, out of 1,181 was 43. Out of 2020 it was --3 you had 2,817 allegations and you had 108 confirmed. And in 2021, 3,608 allegations and 293 were 4 5 confirmed. Those are kind of a trend that would be 6 7 alarming. One would be the allegations have gone up 8 substantially, threefold. Threefold. 300 percent 9 increase. And along those lines you would expect, 10 and it's true to form, that your confirmations. 11 would assume these are all Priority 1s and Priority 2s, this is off your website, that we could glean 12 13 quickly. 14 What is the increase of these intakes to 15 screeners, screener to investigator? What do you --16 what do you pin that on? Is it the darkness that I 17 mentioned in my opening remarks, is our society 18 becoming that dark? Or is it heightened monitoring 19 that has led to more reports or initial calls to 20 statewide intake? 21 I would like to say after we looked at --22 and let me set this very straight. You know, 2014, 23 but really in 2015 on the amount of money, the 24 changes in statute, the reform bills, over and over 25 and over again, I would hope that this would be

Case 2:11-cv-00084 Document 1220-4 Filed on 03/29/22 in TXSD Page 47 of 125 / 2022 46 1 trending the opposite direction but it's trending up 2 threefold, 300 percent. 3 What is -- does anybody know? Are we just. . . 4 5 MR. BLACK: So I do know whenever heightened monitoring began, at statewide intake 6 7 we -- as part of that budget package, we did get two more intake specialists in anticipation that with 8 9 heightened monitoring there could be an increase in 10 the number of calls that we get. I wouldn't say 11 that's the only factor, but that is probably part of 12 the picture. 13 The other thing I would say -- and this 14 doesn't date back to 2015, but at least until the 15 end of 2020, we talk about these PNs and how would 16 the RCCI, the residential care investigations -- we no longer make something a PN. So the screener 17 18 can't make a phone call and then close it without an 19 appropriate investigation. Since the end of 2020, 20 any intake that we get for residential care

investigated that is within our jurisdiction, that

must be reported for a full investigation. And so I

investigations that's not been previously

would expect to see an increase in those

investigations since the end of 2020.

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                  SENATOR KOLKHORST: Any -- just a
 2
   minute.
 3
             Commissioner, anybody else want to comment
 4
   to that?
 5
                  MS. MASTERS: No, I think that is the
          Removing PNs created a considerable increase
 6
    case.
 7
    in the workload.
 8
                  SENATOR KOLKHORST: Senator Menéndez.
                  SENATOR MENÉNDEZ: I think I have a
 9
10
   possible answer. We've seen -- I would love to see
    in that same time frame the reduction in the number
11
12
    of residential treatment centers, because we know
13
    that at the same time people left the system.
14
   Right? And then if you recall, we started having --
15
    it forced us to move children further and further
16
    away from their home, and in some cases, out of
17
    state. And so --
18
                  SENATOR KOLKHORST: Because we don't
19
   have enough beds.
20
                  SENATOR MENÉNDEZ: We don't have
21
    enough beds.
                  So you don't have enough beds means
22
   more concentration, it means fewer -- and so --
                  SENATOR KOLKHORST: We've lost 1500
23
24
   beds according to my research.
25
                  SENATOR MENÉNDEZ: There you go.
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1 And so the system as a whole is worse. 2 We've done something -- something has happened to 3 create a system that is worse to be a part of, and 4 so it doesn't surprise me that the complaints have 5 gone up 300 percent at all. It doesn't surprise me one bit. 6 7 I would like to ask, Madam Chair, because 8 I know that what prompted this committee's hearing 9 was the three events, alleged events at The Refuge, 10 if possible for us to get back at some point to the 11 timeline because I wanted to ask --12 SENATOR KOLKHORST: We're going to get 13 to that. 14 SENATOR MENÉNDEZ: Okay. I just 15 wanted to ask them, you know, on the 24th, my 16 understanding is that CPI, CPS, the sheriff, DPS, 17 you were all notified. Is that correct? 18 MS. MASTERS: Yes. 19 SENATOR KOLKHORST: Before we get 20 there, I want her to walk through that timeline 21 instead of us just asking questions. 22 So I'm still on the intake right now, the 23 process. Okay. And we'll get to that event. This is the process. And the process today is focused 24 25 on, again, what we call our general residential

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49
 1
   operations. I know we had the number of 255,000.
 2
   That has to do with, you know, of course custodial
 3
    and conservatorship and different things.
 4
             So let's stay on course. I promise y'all
 5
    that we will have several meetings upcoming. I know
   all of our schedules are busy, but there's nothing
 6
 7
    too busy that won't preclude us from meeting about
 8
    children.
 9
             So staying on that --
10
             Just a second, Senator Perry.
11
             -- does -- on your intake, Commissioner --
12
   we've heard from the associate commissioners about
13
    the processes. I think most of this by rule making.
14
    I don't think there's a ton of statutes that dictate
15
    this. Do you think we're responsive enough on those
16
    intakes? And, Senator Huffman, as you said, those
17
   numbers, that's, you know 3,608 allegations last
18
   year on just residential treatment centers. Now,
19
    that number is larger. When we add child placement
20
    agencies and so forth, it's a little over 4,000.
21
   And, again, it's almost fourfold over the last three
22
   years.
23
             Commissioner, where are we? Are we doing
24
    a good enough job responding to that? Can we ferret
25
    through these thousands of allegations to really get
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50
 1
   to what I think -- I know y'all say it's a Priority
 2
    2 out there at The Refuge, but I might have said
 3
    that's a little more urgent. But we're going to --
 4
   we're going to work through that. What's your
 5
   opinion about that?
                  MS. MASTERS: I believe that our
 6
 7
   response time is doing very well. I don't believe
 8
    the number of intakes impact anything that happened
 9
   here.
10
                  SENATOR KOLKHORST: Because over the
11
   period of time, we are increasing your budget and
12
          I mean, we were adding those up just ourself,
13
   and it's large.
14
                  MS. MASTERS: Yes. Yes.
                                            But our
15
   percentages on response time are doing very well,
16
    that that is not the issue.
17
                  SENATOR KOLKHORST: What is the issue?
18
                  MS. MASTERS: People doing the job
19
    that they have been assigned to do.
20
                  SENATOR KOLKHORST: Is that an
21
    internal us not training properly? Not -- I mean, I
22
   know everyone needs employees right now. Is this --
    is this manufactured out of Covid? Is it -- what is
23
24
    it?
25
                  MS. MASTERS: No, we have the proper
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51
 1
   processes in place. People have to follow it.
 2
                  SENATOR KOLKHORST: And when you're
 3
   saying that -- is that the provider -- just a
 4
             Is that the provider? Is that the
 5
   residential treatment centers, or is that employees
    in your -- in --
 6
 7
                  MS. MASTERS: No, I'm talking about --
 8
   well, in this case, everybody dropped the ball
 9
   across the board.
10
                  SENATOR KOLKHORST: Okay. We're about
11
   to have you walk through that timeline.
12
                  MS. MASTERS: Yes.
13
                  SENATOR MILES: Madam Chair.
14
                  SENATOR KOLKHORST: Yeah, Senator
15
   Miles.
16
                  SENATOR MILES: Please, I must. I
17
   need a point of clarification. The original report
18
   at The Refuge was classified as a P2; is that
19
   correct?
20
                  SENATOR KOLKHORST: That is correct.
21
                  SENATOR MILES: That is correct?
22
   Thank you.
23
                  SENATOR KOLKHORST: All right. So,
24
   Members, I think we're at the point where let's walk
25
    through -- Senator Perry, do you have any follow-up
```

```
1
   about the process?
 2
                  SENATOR PERRY: Real quick.
 3
             First of all, I ask this as the
 4
    investigator, because they are over the caseworkers,
 5
   be it residential or otherwise, and that was the
    opportunity. They may not -- as we move through
 6
 7
    this whole process, the caseworker is front and
    center. They are the head of the front and center.
 8
 9
             Secondly, you keep referring to losing 300
10
   beds.
          We all understand that a lot of the providers
11
   bailed out when they began the heightened
12
   monitoring. I'm told if you ask the heightened
13
   monitors, it's because they were bad actors.
14
   don't believe we had 1500 beds of bad actors.
15
             Here's the question. On the CWOP, CWOP
16
   kids is kind of part of this conversation too,
17
   because a lot of the RTC kids, if there was actual
18
   RTC beds, would probably be where a lot of the CWOP
19
   kids would be, if that's a fair statement.
20
             So a question to, I guess, Commissioner,
21
    is it fair -- I was given that there's 64 CWOP kids,
22
    and I know that changes daily. But is it fair to
23
    say that had we not had the extent of the heightened
   monitoring and we still had some of those providers,
24
25
   would these CWOP kids be in those facilities? Would
```

```
53
 1
   that -- were they the type of the facilities that
 2
   could handle the most challenging of the challenging
 3
   kids?
 4
                  MS. MASTERS: Yes.
                  SENATOR PERRY: So we created a
 5
   problem from a dice that had well intentions but has
 6
 7
   no idea what real world looks like?
 8
                  MS. MASTERS: Permission to flesh that
 9
   out some?
10
                  SENATOR PERRY:
                                  Sure.
11
                  MS. MASTERS: So I have, myself, sat
12
   down with our providers because we are hovering at
    this sort of 71 kids. We were at 170 in July.
13
14
   We're now -- or 191. We now fluctuate between 50
15
    and 70 every day. And my conversations with them
16
         Tell me what it is. No matter how hard it is,
    are:
17
    is there something I'm not doing? Is there
18
    something you haven't put on the table? What is it
19
    that we can't get these children moved? Because we
20
   have beds. We have beds.
21
             But heightened monitoring, the providers
22
   not asking for a pass to be bad actors. They are
23
   not asking for us to be lenient on them to mildly
   abuse children that have high acuity needs.
24
25
    they are asking for is another look at the
```

9

10

11

16

18

19

21

54

methodology that seems to sometimes sweep people up 2 into the heightened monitoring process. And I'm not 3 the one to talk details about the methodology. that's the -- that's all they're asking for. 4 5 Because when I talk with them -- for instance, one of them stated, you know, "I'm on 6 7 heightened monitoring. I'm almost off. I have ten 8 things to do. I've ticked off nine. But I'm not allowed to move those nine out of the way until I've met all ten. So if I mess up on ten, I'm back all over again. And I'm praying nobody leaves the lid 12 off their trash can and I start all over." 13 Now, I don't know if that's a legitimate 14 issue for heightened monitoring, but that's what the 15 providers say. And they don't want to publicly come out because they have boards and they have other people that do not want to be called in front of the 17 federal judge. And so that's hard for them, you But we're trying to work through that. 20 I think the other reason that they give is -- you know, we talked about the funding. It 22 isn't just simply funding. You know, their comment 23 was if I staff up and I bring all these services in 24 and I bring the people in that are needed to surround these children, will that funding be 25

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56 1 time frame is. 2 SENATOR KOLKHORST: It could be forever if you don't. . . 3 4 MS. MASTERS: You know, I don't know if it's an indefinite amount of time. It may be if 5 you don't meet, you know, whatever the metrics are 6 7 that you have to meet to come off. I don't know if 8 that then moves into an issue of your license. I 9 don't know. 10 SENATOR KOLKHORST: Now, let me say 11 something. Of the 1500 beds, and roughly that's 12 what my research has gleaned. I might be off 100 I do believe some of those beds needed to 13 14 come off line. And when I say that, I am the 15 senator from a district who had a residential 16 treatment center that had a death, 72 major 17 violations. They allowed a child to exit the 18 facility, go across the pasture, it was in a rural 19 area, and burn the house down next to them to the 20 ground. Burn it down to the ground. And we still 21 didn't close it. 22 So those were pretty dark days. It wasn't 23 that long ago. And so I do think that we have made 24 strides, and there are necessary strides. We have

purged ourselves of people that I don't think had

1 children first in their minds. I think they had 2 bottom lines of private equity in their minds. And 3 I think that that's something we all need to realize here, is that these are businesses. Just like our 4 5 nursing homes and others. I have no problem with profits being made 6 7 or this particular facility, Senator Eckhardt, is a 8 nonprofit. They have different rules, regulations. 9 But I do think that we are charged with finding 10 out -- as Senator Perry says, it's all related. 11 It's all related. 12 And, you know, so with that, you know, 13 I've spent some time with some operators this week, 14 and, you know, it's that fine line of looking at a 15 facility, which we're about to get to on your 16 timeline, and then we're going to have HHSC come up 17 and talk about how they license facilities and how 18 then they, you know, do their closures or 19 recommendations to y'all. 20 But this is important to understand, that 21 we try to prevent anything bad from happening. 22 In a perfect world, that would happen. I think 23 our charge here is if something bad happens, if evil 24 gets into a facility, how quickly can we act, and 25 what is the proper removal?

1 Now, the challenge that I've gone through 2 this week is, is there a history at this facility, 3 or is there one bad actor? And I'll use schools as 4 an example. We all know that occasionally there's a 5 teacher or a staffer who has an improper relationship with a student. We remove that 6 7 teacher, hopefully, and that process happens 8 swiftly, but we don't close the school. 9 The same thing can happen in hospitals 10 where a doctor or a nurse has improper behavior, 11 does harm to a patient. There are processes, and we 12 remove that nurse, we remove that staffer or that 13 doctor, but we don't close the hospital. So I think 14 there's a fine line. 15 Senator Eckhardt, this is in your current 16 district. It won't be after January. 17 But, you know, was there a history here? 18 And that's what I want to seque into, as you go 19 through your timeline, we have a better 20 understanding, keeping in mind that our charge is to 21 make this system better. 22 Senator Perry, Governor Patrick told me, 23 "I want to work on adoptions. I want to work on 24 kinship. I want to work on keeping children out of 25 the system." But there are special needs -- I mean,

```
1
   children with high acuity. I think we call it
   exceptional care. There are children that have been
 2
 3
   trafficked that maybe a foster family can't quite
 4
   handle in the beginning. As Senator Huffman said,
 5
   it is a process, and it is a long process in
   changing the behavioral habits of that child.
 6
 7
                  MS. MASTERS: Yes. And every child --
 8
                  SENATOR KOLKHORST: So we are going to
 9
   have to have these facilities, and we're going to
10
   have good ones, but we are going to have to have
11
   enough of them. I don't want to send kids out of
12
           I think Texas can take care of their own
13
   children. But we have to get to the bottom of why
14
   people -- why facilities will refuse those children
15
   in CWOP. And you have told me that. And providers
16
   have told me that, "I can't take that child.
17
   can't take that risk of going on heightened
18
   monitoring, " or, "I'm trying to get off of
19
   heightened monitoring."
             And this is a ying and a yang, a push and
20
21
   a pull, and there is nothing difficult -- I mean --
22
   nothing easy but extremely difficult about this.
23
             So let's walk through this timeline and
   see where we are. And then I would like for you to
24
25
   address any questions that the members have.
```

```
60
 1
                  MS. MASTERS: Yes, ma'am.
 2
             So on 1/24 is when we received our first
 3
    intake, and that was related to staff having nude
 4
   pictures of the girls selling them on a cash app and
 5
   trading the photos for drugs or money. And I'll
   only say this on the first one, and it's an
 6
 7
    assumption throughout, that notifications were made
 8
    to DFPS, Bastrop County, SSCC, child advocacy
 9
   centers, and then into -- it was put into class so
10
    that it would populate for HHSC as well.
11
                  SENATOR KOLKHORST: Okay. So when you
12
    say SSCC, because they had placed a child there?
13
                  MS. MASTERS: Yes, they had a child
14
    there as well.
15
                  SENATOR KOLKHORST: Just for
16
    clarification.
17
                  MS. MASTERS: Yes.
18
                  SENATOR KOLKHORST: So both -- y'all
19
   were notified, local authorities were notified, any
20
    child that had placed -- any child placement agency
21
    that had placed -- so --
22
                  MS. MASTERS: Yes.
23
                  SENATOR KOLKHORST: Placed the child
24
    there were notified?
25
                  MS. MASTERS: Everyone. Even I think
```

```
61
 1
   guardian ad litem is notified, yes.
                  SENATOR KOLKHORST: That would be
 2
 3
   assumed throughout this timeline.
                  MS. MASTERS: Throughout this
 4
 5
   timeline, yes.
 6
             And the explanation for it being -- not
 7
   being acted on as I think it should have is they
 8
    thought the threat was neutralized because they were
 9
    told that this employee who this accusation was
10
   against had been fired.
11
             The next intake was on 1/25, and it was
12
    for a cigar and, again, nude photos. And these
13
    are -- these allegations are for the same two
14
    children, both on 1/24 and on 1/25.
15
                  SENATOR KOLKHORST: Is it proper to
16
    ask who made those phone accounts? Was it within
17
    the facility? Can you answer that?
18
                  MS. MASTERS: I know I can identify
19
    the person, but I'm not sure if I can say --
20
                  MR. BLACK: Not in a public setting.
21
                  SENATOR KOLKHORST:
                                      Then don't.
22
                  MS. MASTERS: Not in a public setting.
23
             And this person confirmed that they -- the
24
    alleged perpetrator had been terminated.
25
             On 1/26, to me all bets were off on 1/26
```

```
62
 1
   because that's when we realized the alleged
 2
   perpetrator has multiple family -- multiple
 3
   relationships of people in upper management at this
 4
   facility, and so the thought that the threat is
 5
   neutralized is really over. And at that point, this
    should have been sent up the chain to be looked at.
 6
 7
             On 2/1, we confirmed that the director of
 8
    the residential care was aware of all of these
 9
   accusations and did her own private investigation
10
    and never reported this to statewide intake.
11
             On 2/2, both our staff, jointly with HHSC,
12
   did a risk assessment of the facility and determined
13
    it was high risk for harm to children, and it was
14
   not -- it was not sent up the chain to me or, I'm
15
    assuming, it did not get sent up to the
16
    commissioner, to the EC as well.
17
             On 2/26, another intake for alleged sex
18
    trafficking.
19
             3/2 -- I will say if it helps, these
20
    are -- I can tell you after the fact, you know,
21
    who -- not -- they identify the person, but where
22
    they were. But these are -- the reporter would be
    from, I'll say, the same area. So -- but they are
23
24
   different people.
25
             On 3/3, so in this case, I will say the
```

1 caseworker did their job. The caseworker elevated 2 this to their supervisor. The supervisor and the 3 program director at DFPS staffed this on 3/3 and neither raised this up the chain as policy would 4 5 have directed them to do. The -- I was told that the supervisor stated she was disengaged. 6 7 program director stated it slipped her mind. We 8 also have a note made by the program director at the 9 SSCC, and in the note it states, "I think 10 trafficking is going on under our nose." 11 On 3/11, again, staff did not report the outcry. And those are for Child 1 and Child 2. 12 Additional intakes were received for Child 13 14 2 and then also for Child 3 and Child 6. 15 On 2/8, this intake was called in. 16 said nude pictures and drugs. We found additional documentation that also said the child reported that 17 18 she was being trafficked, who was trafficking her, 19 and asked the reporter what they were going to do 20 about it. 21 On 2/9, that was a restraint that was done 22 on this child in the visit. It was about the 23 bruises that were -- that were seen on the child during her medical visit. We did investigate, and 24 25 the child, you know, did report that she was

```
64
 1
   fighting while they were trying to restrain, they
 2
    slipped and fell, and she said that's how she
 3
   received those bruises.
             On 2/10, investigators wanted to -- again,
 4
 5
   no one is putting anything together to say there's a
   pattern here, everyone is related, someone ring the
 6
 7
          It just doesn't happen.
 8
             2/17, again, investigator and -- I'm sorry
 9
    -- HHSC and DFPS do a risk assessment, and, again,
10
    it comes up as high very risk, not brought up the
11
    chain.
12
             On 3/2, it looks like investigator
   notified CPI that Child 3 alleged that the same
13
14
    alleged perpetrator who was giving her phone to the
15
   kids to take naked pictures to be sold, that her
16
   boyfriend trafficked her in the past.
17
             On 3/11, another intake for drugs and
18
    assisting the child who was placed there as an FBI
19
   witness for another trafficking case was helped to
20
    escape.
21
             Then on the next page, this is Child 3 --
22
    I'm sorry -- Child 4 and Child 5, intake for staff,
23
    assisted youth to, again, escape. And this child
24
   was, as I said, a witness. I think the one arrest
25
    that people have heard of is this child called.
```

1 said, "I'm tired of walking. Can someone come and get me?" And no one did. And she called the 2 3 facility, not a worker. No one came to get her, and 4 I believe the testimony to law enforcement is no one 5 has talked with her. And so she -- I believe her arrest was for lying to law enforcement. 6 7 And then another intake for these children 8 on 2/25, again, confirming the allegations. Also a 9 window not working so the children could escape. 10 And then finally for state office. 11 this was all put together when our placement team 12 was just doing a review of, I believe it was a contract, and noticed all of these intakes. At that 13 14 time they asked for the investigative staff and CPS 15 staff, I think, to put together a summary of what in 16 the world is going on. When they saw the summary, 17 Associate Commissioner Dryden put a temporary hold 18 on the facility. 19 When it was brought to the full executive 20 team, we ordered an SI or staff to be in the 21 building until all children could be removed safely. 22 We even removed the children that weren't ours. 23 There was a TJJD child there. There was a private 24 pay child there. And, of course, the child that was 25 there as a witness. The last child removed was the

```
66
 1
   private pay child, and her father wanted her to
 2
   stay. We offered to put her on a plane, and he
 3
   said, no, the facility staff can do it.
                  SENATOR KOLKHORST: Senator Menéndez.
 4
                  SENATOR MENÉNDEZ: Thank you, Madam
 5
   Chair.
 6
 7
             Thank you for the detailed timeline.
 8
             Do we know how long the caseworker and --
 9
   everyone that touched this before it got sent up,
10
   how long were they working for the Department? Can
11
   you get that to us?
12
                  MS. MASTERS: So I do believe that --
13
   and Rich will probably correct me, but I believe
14
   these staff all had years of service.
                  SENATOR MENÉNDEZ: Wow. Okay.
15
                                                  So
16
   it's not just -- well, interesting.
17
             Do you -- in your opinion, was this a
18
   failure of your process, or was this staff? I think
19
   I have a feeling for what your answer might be.
20
                  MS. MASTERS: I do not think this was
21
   a failure of process. I mean -- and I heard clearly
22
   no blaming. So I'm not blaming. None of us can be
23
   everywhere at all times. Everyone depends on
24
   everyone up the chain to do what they are tasked
25
   with doing. And this is what did not happen here.
```

```
67
 1
   Policy was not followed. I mean, naked pictures of
 2
    children in our care should have rang every bell.
                  SENATOR MENÉNDEZ: The children that
 3
 4
   were removed, you do know where they are? Because
 5
   my concern is with the lack of an interoperable data
    system, that, you know, we have to have an answer
 6
 7
   where these children are today.
 8
                  MS. MASTERS:
                                Absolutely.
 9
                  SENATOR MENÉNDEZ:
                                     Okay. Very good.
10
             So in the timeline, where do you feel the
11
   most egregious mistakes were made? Do you think --
12
   you know, I think I know, but I would like to know
13
   from you.
                  MS. MASTERS: I think in the timeline
14
15
   when you realized everyone was related, everything
16
   was over at that point. Because I think initially
17
    everyone thought because the facility verified, hey,
18
    it's just this one person, we fired them, everything
19
    else is good. Once we knew, no, she's got a sister,
20
    an aunt, a cousin, two other -- and these are all
21
    top level staff. Two other people are roommates.
22
    Then you have to assume everyone is lying.
23
                  SENATOR MENÉNDEZ: My understanding
24
    there were three people working there that were
25
   roommates, and one of them was involved in it. That
```

68 1 it was only when the sheriff's department showed up 2 to interview one of them that they found out, wait a 3 minute, you work there too. MS. MASTERS: Yes. Staff did not -- I 4 5 don't think staff uncovered that. SENATOR MENÉNDEZ: So in the 6 7 background checks, is there not a question about 8 nepotism or anything like that when they do their 9 initial background checks to license them? I mean, 10 I know you're not the person who licenses the facility, but are we aware of that? 11 12 MS. MASTERS: So I'm not sure what the 13 rules are for licensing a facility and 14 relationships. I also -- if I am remembering 15 correctly, there was one group that was operating 16 this facility, and then maybe around November or 17 December, I believe, the operators may have changed. 18 And so I don't know what that looks like to be 19 notified, if they have to notify HHSC of those 20 changes, or the person that has the contract. 21 not sure. SENATOR MENÉNDEZ: You mentioned in 22 23 your timeline that an investigation of The Refuge was conducted simultaneously by CPS and HHSC. Can 24 25 you describe the coordination of your efforts? How

```
69
 1
   did -- what -- how did it look? How did it take
 2
   place?
                  MS. MASTERS: With the final when we
 3
 4
   realized what was going on?
                  SENATOR MENÉNDEZ: Uh-huh.
 5
                  MS. MASTERS: I think at that time we
 6
 7
   called what we have as FITS. And I know you're
 8
   going to ask me what that means, and I'm not going
 9
    to do a good job of telling you.
10
                  SENATOR MENÉNDEZ: I guess my question
11
    is, is there a process?
12
                  MS. MASTERS: There is a process.
    that should have been elevated. HHSC and DFPS would
13
   have come together and done what we call a FITS
14
15
   where we staff the case together and make a decision
16
    about what should happen. And once it was elevated,
17
   we had a FITS immediately, and that's when we had
18
    the children gone within a day and a half.
19
                  SENATOR MENÉNDEZ:
                                     Okay.
20
                  MR. RICHMAN: The FITS stands for
21
    "facility intervention team staffing."
                  SENATOR MENÉNDEZ: Okay. And when was
22
   DFPS informed of the first statewide intake and any
23
24
   actions that occurred afterwards? What day was it?
25
                  MS. MASTERS: 1/24, I believe, is the
```

```
1
   first intake that we received.
                  SENATOR MENÉNDEZ: Was there ever a
 2
 3
   situation before that that would have caused y'all
    to take action sooner?
 4
 5
                  MS. MASTERS: I can't speak to -- if
   there were other intakes that didn't get routed to
 6
 7
   us is what they're asking. So Stephen would have
 8
    that.
 9
                  MR. BLACK: There have been I'm sure
10
   other intakes on the facility, and also we would
11
    also receive anything that doesn't rise to
12
    abuse/neglect that we could send to licensing as a
   possible standards. So there have been reports that
13
14
   we received on this facility in two months or so
15
   prior but nothing that would have alluded to
16
    anything like we saw in the intake on January 24th.
                  SENATOR MENÉNDEZ: I have a big
17
18
    concern about the -- the lack of knowledge in terms
19
    of the relationships, the familial relationships
    amongst the provider staff. And so you -- because
20
21
    it's licensing, it's not something that you would
22
   bring up. It's not something y'all would look into.
23
   Because I understand that the background checks,
24
    they had several discrepancies in there over the
25
    last several months.
```

```
71
 1
                  MS. MASTERS: Yes, I'm not aware of
 2
   what those would be.
                  SENATOR MENÉNDEZ: All right. Thank
 3
 4
   you.
 5
             Thank you, Madam Chair.
                  SENATOR KOLKHORST: Members, any --
 6
 7
    Senator Miles your light is on, I believe.
 8
                  SENATOR MILES: Thank you, Madam
 9
   Chair. I've got -- I'm going to ask my colleagues
10
    to be patient. I've got a host of questions from
    the timeline.
11
12
                  SENATOR KOLKHORST: Speak in the
13
   microphone.
14
                  SENATOR MILES: I've got a host of
15
    questions from the timeline to the history and the
16
    systemic problem that we're having here in Texas.
17
    So I'm going to -- I would rather defer my time to
18
    last if it's at all possible, because I think
19
    they're still going through the timeline at this
20
   point.
21
                  SENATOR KOLKHORST:
22
             And, Members, any other questions?
23
             You want to go last, or you want to go
24
   now, Senator Miles?
25
                  SENATOR MILES: Commissioner Masters,
```

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72
 1
   are y'all complete with your presentation?
 2
                  MS. MASTERS: We are finished going
 3
    through the timeline, yes, sir.
                  SENATOR MILES: Just with the
 4
 5
   timeline. Are there any other questions from my
   colleagues?
 6
 7
                  SENATOR KOLKHORST: Anybody have
 8
   questions on the timeline?
 9
             I have one quick follow-up. You made the
10
    statement that when the phone call came in on, I
11
   believe, it was the 24th of January, and, you know,
12
    I kind of circled the 26th because you said there
    should -- this should have been elevated at that
13
14
   point. So we have initial intake on the 24th.
15
    think your words were at that point that was a red
16
    flag, or I'm not sure exactly what your words were.
17
                  MS. MASTERS: On 1/26 I think I said
18
   all bets were off at that point when we knew that
19
    everyone was related.
20
                  SENATOR KOLKHORST: Okay. And so I
21
   want to -- I just want to ask this question:
22
   you -- you also mentioned -- I circled 2/2, which --
   and then I circled 3/3. I mean, there's substantial
23
24
    time lapse here. It's weeks, months, a month and a
25
   half. So when -- I agree with you, when you
```

```
73
 1
   realize -- you know, I used the example one bad
 2
   actor, you remove them, you don't close the school
 3
   or you don't close the hospital. But on 1/26, y'all
 4
   realize that there's relationships there.
 5
             One more time, why wasn't there action
            I just don't understand that.
 6
    taken?
 7
                  MS. MASTERS: There is no good reason
 8
   why action wasn't taken. Policy is in place that
 9
   would dictate that you should elevate this. And the
10
    caseworker did their job, and they elevated it to
11
    their supervisor. This supervisor stated that she
12
   was disengaged. And when she staffed --
13
                  SENATOR KOLKHORST: The supervisor
14
   herself?
15
                  MS. MASTERS: Yes.
16
                  SENATOR KOLKHORST: Is that the --
17
   would you say -- okay. So caseworker to supervisor.
18
    I could go back to your org chart. But the
19
    caseworker -- I mean -- the supervisor themselves
20
    said, "I was disengaged"?
21
                  MS. MASTERS: Yes, when we talked with
22
   her about how did you miss this? And her full --
23
    the full statement that I was given is not only was
    she disengaged, but that her staff knew that if they
24
25
    tell her too much, she will require a lot of work of
```

```
1
    them.
          So the culture that this supervisor had
 2
    created was unbelievable.
 3
                  SENATOR KOLKHORST: Can you define, if
 4
   we told her too much, or him, then it would require
 5
   a lot of work, what does that mean?
                  MS. MASTERS: We still don't know what
 6
 7
                Basically, the way I took it is if you
 8
   bother me a lot, you're going to pay for that.
 9
                  SENATOR KOLKHORST:
                                      Okay.
                                             So
10
   Commissioner Masters, this is something that I want
11
    to say. In talking to Governor Patrick many times
12
    over the last few days, one of the things that we're
13
   going to do is we're going to -- we don't want to be
14
    a distraction. Maybe I've heard that somewhere,
15
    that the Legislature might be a distraction. I
16
   don't think we are. We are accountable to the
17
   people. This is part of our job. We create the
18
    statutes that you have to then implement, and we
19
    also budget your agency.
20
             We are going to do at least quarterly
21
   updates with some of these procedures because we
22
   need to see progress. I know you're reporting to
23
   Judge Jack. We're not going to be burdensome.
24
   We're going to have some of the same oversight.
25
   we are going to work to make this better because the
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75
 1
   system, from what I'm hearing you say, was a
 2
   breakdown.
 3
                  MS. MASTERS: Yes.
 4
                  SENATOR KOLKHORST: And I've often
 5
    thought about this. And this is Legacy, right?
 6
   This is not CBC. This is Legacy.
 7
                  MS. MASTERS: It happened in both.
 8
   Both dropped the ball.
 9
                  SENATOR KOLKHORST: So you're saying
10
    that CBC didn't elevate this to y'all?
11
                  MS. MASTERS: Yes. Their PD noted
12
    that, "I think there's trafficking going on under my
13
   nose, " and they didn't elevate it either.
14
                  SENATOR KOLKHORST: Was that on 1/26
15
   as well?
16
                  MS. MASTERS: That would be -- that
17
   would be a summary of case notes from the caseworker
18
   between 2/1 and, like, 2/24. This is the PD. This
19
    is their. . .
20
                  SENATOR KOLKHORST: So let's say on
21
    1/26, a supervisor said, "I was disengaged," and it
22
   didn't get reported. So that is a human error,
23
   correct?
24
                  MS. MASTERS: Correct. And that would
25
   have -- on the 1/26, both DFPS and the SSCC would
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77 1 Senator Menéndez, and then we'll come back to --2 SENATOR PERRY: So -- and it's 3 Commissioner's credit that she's actually beginning 4 to have an open conversation about really hard 5 things. Institutional bias cynicism. And I'm going to lay blame is. Blame is on all of us at some 6 7 level, but let me put it a little bit to the press. We are responsible for 24,000 kids in a system 8 9 today, I think, is kind of the number you gave me. 10 They're the hardest of the kids. They're the kids 11 that have been mistreated. We have bad people doing 12 bad things to kids. And anytime one thing happens 13 that's bad, it's one time too many. 14 But guess what? There's such an 15 unforgiving/obscure everybody involved from the 16 legislature to the first responders to the agency 17 workers to the caseworkers that we wonder why that 18 they don't want to not err on the side of public 19 safety. So what makes that event so egregious is they were just too lazy, didn't care, been there too 20 21 long, didn't want to address it. It just wasn't one 22 of those issue that was going to be on the front 23 page if they did their job. 24 So I guess we've got a lot of soul 25 searching here to do. And press has a relationship

78 1 and to report facts but not in a situation where 2 we're all guilty of not saving that one child that 3 we did everything we could. But on this issue, to 4 your credit -- and we've had hard conversations, 5 right? MS. MASTERS: Yes, sir. 6 7 SENATOR PERRY: I've pulled this from 8 you privately. You've got to start talking about 9 culture shifts. And at the risk of losing a lot of 10 institutional knowledge that we can't replace 11 tomorrow in some of these positions, sometimes it's 12 not who you cut loose but who you keep is your 13 biggest problem. Thank you. 14 SENATOR KOLKHORST: Senator Menéndez. 15 SENATOR MENÉNDEZ: Thank you, Madam 16 Chair. 17 Commissioner, now that you have observed 18 this problem, I'm assuming you're going to come up 19 with a process for when a caseworker who is here on 20 the front lines has reported something to their 21 supervisor, and the supervisor -- the problem that I 22 wonder is there has to be a transparent way for that 23 caseworker to know that something happened. There has to be some sort of check and balance to the 24 25 supervisor who otherwise has -- could have caused

MR. RICHMAN: So when we're determine

1 that it's a high risk, that should be elevated to 2 the program director, which is the next level 3 supervisor. So the way the structure is, you have the investigator who was doing her job by telling 4 5 her supervisor. Her supervisor was not doing her job in providing that information to the next level 6 7 supervisor. Within that, those investigator -- the 8 investigator along with the special investigator and 9 our HHSC counterpart worked on the -- they worked on 10 the information together to have the risk 11 assessment. That's when it was discovered by our 12 staff that it hadn't been brought to our level at state office, that that indicated we needed to do an 13 14 internal FITS. And so at that time, that's when we 15 got together. We took a look at everything. 16 took a look at the entire case and made the 17 determine after that -- determination after that in 18 our next process. SENATOR MENÉNDEZ: So when there's a 19 20 high risk determination made, it automatically 21 triggers that meeting, the --22 MS. MASTERS: Yes. It should have 23 happened immediately when the first risk assessment 24 was done, but it didn't happen until a month later. 25 SENATOR MENÉNDEZ: So now the

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 1
   question, though, that should make all the sense in
 2
    the world to everybody is what's going to ensure
 3
    that the next time that happens?
 4
                  MS. MASTERS: That's the question.
 5
   Because when you have 13,000 staff here, probably
   four times that at HHSC, you have to rely on people
 6
 7
   doing their job because you can't be everywhere.
 8
   And if people choose not to do their job, then
 9
    children's lives are at risk.
                  SENATOR MENÉNDEZ: Yeah, that's for
10
11
    sure.
12
             Okay. So then what you're telling me is
    that at two times it was the determined high risk
13
14
    and it was not elevated, one on 2/2 and one on 2/17?
15
                  MS. MASTERS: Correct.
16
                  SENATOR MENÉNDEZ: Okay. Here's the
17
              If there were a data system where someone
18
   were to input and high risk was determined, it
19
   would -- would it not be better if you could have an
20
    automated response that would send the message and
21
   you would haven't to rely on people?
22
                  MS. MASTERS: Yes, if the risk
   assessment was electronic and the moment that it
23
24
    said high risk and some kind of alert to be sent,
25
    that would make a difference.
```

82 1 SENATOR MENÉNDEZ: Okay. 2 MS. MASTERS: Yes. 3 SENATOR MENÉNDEZ: Well, yeah, because then we take the human element out of it at that 4 5 point. 6 MS. MASTERS: Yes, you would. 7 SENATOR MILES: Thank you. 8 Thank you, Madam Chair. 9 SENATOR KOLKHORST: I am going to go 10 to Senator Perry, and then we're going to go to 11 Senator Miles. 12 SENATOR PERRY: What's the remedy or disposition for those two supervisory mid-management 13 people? I'll just tell you from an observation as a 14 15 business person, there's too many middle management 16 going on here. But what is the disposition of these 17 two employees today? Are they on administrative 18 leave? Are they terminated? Are they under review? 19 What's the process for them? 20 MS. MASTERS: So the DFPS staff have 21 been released. 22 SENATOR PERRY: So you terminated 23 them? 24 MS. MASTERS: Yes. 25 SENATOR PERRY: Thank you.

And my colleague, Senator Perry, asked you

in his questioning earlier about change has been made, and when we came -- let me back up a second.

We all agree that -- I think we can all agree at this table that we brought you here to work with us on a systemic problem that we have had for some years in the state of Texas with our foster care system. And those of us that were here in some part of the legislature in 2017, when we kind of separated the baby, Madam Chair, when I say that, I mean, we kind of separated DFPS and foster care from HHSC.

And we were excited with your presence.

And going back to my colleague's question, he asked in the two years that you have been here, he asked you about the change. Because we as legislators,

Madam Chair and colleagues, I think we have done our part in trying to stay out of the way is what the governor, the lieutenant governor asked us to do, and not interfere.

But at the same time, we have been stewards of the people's money, and we've given -- as I said earlier, we've given all the revenue and all the resources that you've asked for . But yet here we are two years later, and we're facing what I consider a nightmare for the State of Texas. It's

1 not going to just make the front page, Madam Chair, 2 it's going to make MSNBC tonight. MSNBC tonight. 3 There's a problem that we're having here in the 4 state of Texas, which is a sad thing. A sad day for 5 us. So I want to -- I want to ask you a few 6 7 questions. I think my colleagues did a great job of 8 covering the timeline, unfortunately, as 9 disappointing as it was. And I appreciate you being 10 straightforward and transparent to say that this is 11 a -- a mistake was made on the part of the 12 contractors that were employed by The Refuge. 13 But I've got some questions about how 14 we're going to not just fix and keep continuing to 15 provide resources. But as I like to say where I'm 16 from, not just talk the talk but walk the walk, 17 Madam Chair. So if you will allow me to just go 18 through some questions here. 19 The first one -- it's kind of difficult for me. My mother, I mean, I know was a juvenile 20 21 probation officer. Spent time in Harris County as a 22 juvenile probation officer. So I'm used to -- I know some of the stories that some of these kids had 23 24 to deal with and actually had some of them in our

home for years. As I was telling Commissioner Young

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 1
    last, it was always -- as a little kid it was always
 2
   difficult for me because when they left our
 3
   residence, it seemed like all my personal items left
   with them. So I'm very familiar with some of these
 4
 5
   horror stories.
             But how much -- or do you still --
 6
 7
   Commissioner, do you still -- how do I put this? Do
 8
   you think the system is working, the separation from
 9
   HHSC and DFPS? The system that's in place now, that
10
   we're responsible for and we take responsibility
11
    for, do you believe that allowing DFPS to
12
    investigate for abuse and HHSC to investigate for
    child's rights standards, is that still working? Do
13
14
   you still believe and think it's effective, the
15
    separation of those two?
16
                  MS. MASTERS: So I came after the
17
    separation.
                 I can't speak to how it was prior to.
18
    I don't know what that relationship was like.
19
                  SENATOR MILES: Could one of your
20
    staff maybe?
                  Were they here to address --
21
                  MS. MASTERS: Rich was not.
22
                  MR. RICHMAN: No, I have only been
   here six months.
23
                  SENATOR MILES: Six months.
24
25
                  MS. MASTERS: Yeah.
                                       And Deneen came
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87 1 after I did. So. . . 2 SENATOR MILES: For those who don't 3 remember, that's something that we did in the 4 legislature in separating the two. And HHSC only 5 has the child's rights standards to work off of, and DFPS has the investigation aspect of it. 6 7 Let me talk about some changes real quick 8 in the training. Has there been any changes 9 instituted in your two years here that you've been here for the last two years? 10 11 MS. MASTERS: Yes. Do you mean both 12 process and data changes? 13 SENATOR MILES: Changes in training. 14 MS. MASTERS: Changes in training? 15 SENATOR MILES: Yes, ma'am. 16 MS. MASTERS: No, I'm not aware of any 17 We have received further staff, but I'm 18 not aware of any enhanced training that has taken 19 place. 20 SENATOR MILES: So in the two years 21 that you have been here and coming here as a "change 22 agent," there has been no training changes made with 23 DFPS? 24 MS. MASTERS: No, the only training 25 changes that I have made is that our office of

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 1
   accountability, I have asked them to bring
 2
   real-world scenarios to our training classes,
 3
   because I think that's one of the reasons for our
 4
   turnover, is that caseworkers don't actually
 5
   understand the severity or the weight of the job
   that they are getting into. And so I don't think
 6
 7
   hypotheticals help.
 8
             I think what I've asked the accountability
 9
   team to do is here's a real case, de-identify it and
10
    let the staff -- or let the trainers walk through
11
    it, and then see what their outcome is based on the
12
    actions they would have taken, and then to tell them
13
   what actually happened. And specifically with child
14
   deaths so that they understand when we don't respond
15
    the right way, when we don't connect the dots, this
16
    is what the outcome should be -- or will be.
17
                  SENATOR MILES: So outside child
18
   deaths, there's been no additional training in the
19
    last two years that you know of? Is that what I
20
   understand you're saying?
21
                  MS. MASTERS: I'm sorry, Rich is
22
    saying that there have been some in --
23
                  SENATOR MILES: Richard, can you speak
24
   to it, please?
25
                  MR. RICHMAN: Yes, sir. With respect
```

1 to training, especially since we're focusing on the 2 RCCI group, over the last year it went over a 3 complete supervisor/management change all the way from the director field down. And so some of the 4 5 things that we have instituted with that formalized training is we have created a formalized mentor 6 7 program within that group itself to basically help 8 the new employees who are hired, to be able to 9 shadow them, to be able to provide them with the 10 tools necessary to do their investigations. 11 In addition to that, we revamped our basic 12 skills and development for the investigators as well 13 as for the -- as the supervisors. So that's a block 14 of training that we were providing for both the 15 groups. So they revamped it and they put a lot more 16 information in it so they could recognize the signs 17 of abuse better so that they could gather evidence 18 better. As well we require two hours of continual 19 training each month for every personnel in RCCI. 20 So we have increased the amount of 21 training that we have done. And we're constantly 22 looking for new things to be able to provide them 23 with more tools necessary to get more training, because we understand it needs to be continual and 24 25 consistent.

90 1 SENATOR MILES: So, Mr. Richman, let 2 me ask, has there been any -- let's speak about 3 compliance and competency in training of the DFPS 4 monitor investigators. Can you speak specifically 5 to any increased training? MR. RICHMAN: Not to the monitors, no, 6 7 sir. 8 SENATOR MILES: Sir? 9 MR. RICHMAN: Not with respect to the 10 monitors' training. We don't train the monitors. 11 SENATOR MILES: How about just 12 monitoring their compliance? MR. RICHMAN: I'm sorry, I'm having 13 14 trouble hearing you. 15 SENATOR MILES: How about just monitoring their compliance? Do we -- how do we 16 17 monitor? 18 MR. RICHMAN: We have discussions with 19 our staff about the monitors and about making sure 20 that everything they do is written, documented, and 21 done properly as if -- the whole goal is to make 22 sure that our investigators are doing their job in 23 an unbiased, thorough manner so that regardless of 24 monitoring, they're doing everything above the board 25 so that if something is looked at by the monitors,

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91
 1
   they have everything they need to see that we're
 2
   doing thorough investigations and following our
 3
   processes in place. Is that the question you were
   asking, sir?
 4
 5
                  SENATOR MILES: Not really. I'm more
    interested in how are we making sure they're in
 6
 7
    compliance, our investigators, and have there been
 8
   any increase with the resources that we have given
 9
   you-all in the last two bienniums, has there been
10
   any increase in training of these monitors? And how
11
    are we holding them in compliance?
12
                  MS. MASTERS: I'm not sure that -- so
13
    it's probably the word "monitor" that may be
14
    tripping us up. When we think monitors, we think
15
    the federal lawsuit. We don't have, per se,
16
   monitors.
17
                  SENATOR MILES: Let's take -- I agree
18
   with you. Let's talk about your investigators and
19
   your caseworkers.
20
                  MR. RICHMAN: Okay. So with respect
21
    to those that are looking over their work, is that
22
   where we're talking about with the monitor? Okay.
23
             So we would call that complex
24
    investigation division as well as our supervisors,
25
   because the complex investigation division, the
```

SENATOR MILES: Who trains them?

trained them as child protective investigators.

23

24

25

they have both worlds.

93 1 MR. RICHMAN: That would be our CLOE, 2 what we call our training division for DFPS. SENATOR MILES: And describe to me 3 CLOE and what they're made up of. 4 5 MR. RICHMAN: So I'm sorry about the acronym, but basically it is our training -- our 6 7 training group that they spend full time in creating 8 curriculum and making sure that each one of the 9 lesson plans are solid and making sure that they 10 train our entire work group, whether it be child 11 protective investigations, whether it be CPS, 12 whether it be our special investigation group. In addition to this, we also have training 13 14 programs within each one of these programs, whether 15 it be RCCI or the special investigation group, where 16 they will train. A lot of my former law enforcement 17 are also TCOLE or TCOLE instructors, which is the 18 Texas Commission of Officers on Law Enforcement. 19 SENATOR MILES: I'm a former police So I'm familiar with it. 20 officer. 21 MR. RICHMAN: So we utilize their 22 previous training as well to -- they work with CLOE 23 to ensure that they're bringing those tools 24 necessary to our entire work group for child 25

protective investigations.

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 1
             Commissioner, I'm going to ask, have you
 2
   sat in any of those training programs?
 3
                  MS. MASTERS: Only once.
 4
                  SENATOR MILES:
                                  Not once?
 5
                  MS. MASTERS: Only once.
                  SENATOR MILES: Only once in two
 6
 7
   years?
            Okay.
 8
             Do you think it's important -- how
 9
    important do you think training is of your
10
    caseworkers and your investigators and things of
11
    that nature?
                 How would you prioritize that in your
12
    operation?
                  MS. MASTERS: That is the first --
13
14
    that's the priority is that they're trained well.
15
                  SENATOR MILES: And during the last
16
    two years, do you think we have given it the proper
17
   priority, proper attention? In the last two years,
18
   do you think we have given it the proper attention?
19
                  MS. MASTERS: I think we have.
20
    think our training that is provided is very
21
    thorough.
22
                  SENATOR MILES: Okay. Well, I'll ask
23
   you the same question as I asked LBB. Do you know
24
   how much of your budget you think you're roughly,
25
   you may be spending?
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96
 1
                  MS. MASTERS: I don't know how much
 2
   our training budget is.
 3
                  SENATOR MILES: But you're going to
 4
   state --
 5
                  MS. MASTERS: I'm sorry?
                  SENATOR MILES: -- that it's a
 6
 7
   priority to you? But you can't tell me --
 8
                  MS. MASTERS: Yes, our training is a
 9
   priority to us.
10
                  SENATOR MILES: Okay. I'm going to be
11
    interested -- I think all of us are going to be
12
    interested in seeing how much money we're actually
13
   allocating to training, especially in the last two
14
   bienniums. I think that's going to be very
15
    important for us.
16
             Mr. Richman -- am I saying that right?
17
   Richman? That's a great name, Robert Richman.
18
             What changes, if any, would you make or
19
   recommend in your training programs seeing as how
20
   you have only been here with us six months? Have
21
   you identified some changes and have any been made
22
    in the short period of time that you have been here?
23
                  MR. RICHMAN: So what I do when I sit
    in these trainings, I look at each one of my
24
25
   programs and each one of the divisions and what --
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97
 1
    the very first thing I'm doing is making sure --
 2
                  SENATOR MILES: Let me -- I'm sorry.
 3
   Let me ask first, do you think six months has been
 4
    enough time for you to get a grip in the hands,
 5
   especially where it relates to your investigators
   and your -- and your caseworkers? I think that's a
 6
 7
    fair question for you first.
                  MR. RICHMAN: I would say that it
 8
 9
   was -- it's -- with the special investigation group,
10
    absolutely, because that was my wheelhouse before.
11
   The child protective investigators, I feel that
12
   myself, I need some more time with them.
13
   residential care investigators, I feel that I've got
14
    a good grasp on their needs.
15
             The CPI division, that's the child
16
   protective investigators, that's my largest group of
17
           They do some things that were out of my
18
   personal wheelhouse that I am actually learning, and
19
    that's a lot of the -- a lot of the things that have
20
    to do with the wraparound services and other care
21
    that they provide outside of the traditional law
22
    enforcement type investigations. And so I'm
23
   bringing myself up to speed on all of the programs
24
    so that we can make them better.
                  SENATOR MILES: So it would be a fair
25
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question to ask you in six months if you've made any recommendations for training changes? I'm trying to be fair as I possibly can because you've only been on the job for six months.

MR. RICHMAN: So, yes, there's some things that I took particular attention to. One is the way that we do our fatal investigations and making sure that our evidence gathering, our photographs are -- everything that has to do with that investigation is up to par with current standards, not just within the standards of best practices amongst other child protective agencies within in -- in the nation, but also in making sure that it's up to par with what we have going on with our partners in law enforcement. Because many times the things that we gather end up being in a case with law enforcement since they are our partners and we work hand in hand. So I focused on that.

I've also focused on our runaways and making sure that we have special attention to those runaways and that our special investigators are provided with additional training to track them down utilizing the resources they have. So those are a couple of the programs, but there are some others, too, that I have been part of.

100 1 with specifically to the photos, specifically to the 2 allegations of drugs being possibly distributed 3 within the facilities. 4 SENATOR MILES: And let me stop you 5 right there. The drugs that we were speaking about all day today, were those drugs used by the staff, 6 7 or were they given to the clients? 8 MR. RICHMAN: So the allegation was 9 that those were given to the children that were 10 there, the youths that were in there. There's no 11 allegation that any of the drugs were being used by 12 staff. 13 SENATOR MILES: Okay. Well, I want to 14 thank you for those questions. 15 If you'll allow me to go further, Madam 16 Chair, I've got a few more questions here. 17 Commissioner, are you notified in 18 suspected reasons or to believe in cases when -- are 19 you immediately notified -- when do you personally 20 find out of a sexual allegation within your agency? 21 How long do you find out and what is the process for 22 you to find out? MS. MASTERS: For situations like what 23 we're talking about today? 24 25 SENATOR MILES: Yes, ma'am.

101 1 MS. MASTERS: When there is a FITS 2 So when that joint meeting is called called. 3 between myself and HHSC, that is how I get notified. 4 SENATOR MILES: When you say "joint 5 meeting, " can you talk -- speak on that a little bit 6 further? 7 MS. MASTERS: Yes. So our FITS 8 meetings is when HHSC and DFPS come together to 9 staff a high risk case and to make a decision about 10 how we are going to move forward together on the 11 facility. And so that is elevated to the executive 12 staff when that happens. 13 Now, case-by-case things are also brought 14 up randomly. Anything that shows up in the news, 15 could potentially show up in the news, anything that 16 is abuse of a child that is in care is something 17 that I expect to know about. 18 SENATOR MILES: Okay. So is there any 19 priority placed on allegations or claims when it --20 as it relates to sex or as it relates to 21 life-threatening? I mean, I'm trying to figure --22 I'm trying to simply figure out how quickly are you 23 notified, you directly as commissioner? 24 MS. MASTERS: At the moment that these 25 guys are notified by their staff, they should be

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102
 1
    telling me immediately.
 2
                  SENATOR MILES: Same day. So same day
 3
   they find out?
 4
                  MS. MASTERS: Same day, yes.
 5
                  SENATOR MILES: Same time they find
    out, same time you're going to find out.
 6
 7
                  MS. MASTERS: Absolutely.
 8
                  SENATOR MILES: Okay. Thank you for
 9
   answering that for me, clarifying that.
10
             This is kind of a difficult -- Madam
11
   Chair, if I'm speaking out of turn because I'm going
12
    to talk -- I'm going to speak about the court case.
13
    I'm going to refer to the court case. If that's
14
    something that we're not. . .
15
                  SENATOR KOLKHORST: The federal court
16
   case?
17
                  SENATOR MILES: Yes, ma'am.
18
                  SENATOR KOLKHORST:
                                      Sure.
19
                  SENATOR MILES: Commissioner Masters,
20
    according to the court appointed experts hired by
21
   you and the plaintiffs in the foster care lawsuit in
22
    federal court, increase in payments of foster care
23
   and placements with families could fix a lot of
24
   problems. We spoke about that earlier today.
25
    18 percent of our children without placements are
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1
   from disruptive kinship placements. Why wasn't that
 2
   an agency -- why was that agency increase rate
 3
   payment not considered when we gave you-all the
 4
   resources that we've given you over the past -- I
 5
   know you have only been here for two years, but why
   was that not a consideration?
 6
 7
                  MS. MASTERS: So I believe the last
 8
    session you-all did do some increases for kinship.
 9
    I think what they are recommending and what we
10
    see -- and we have -- we actually have a work group
11
   going on between both us, HHSC and our providers to
12
    look at what that would look like to overhaul our
13
   kinship program.
14
             What they are saying is our kinship
15
   providers should be paid the same as our regular
16
    foster rate, and we are looking at also should there
17
   have been an abbreviated --
18
                  SENATOR MILES: That price is 11.55
19
   per day, am I correct?
20
                  MS. MASTERS: Yes. And should there
21
   be an abbreviated application. And, again, that
22
   gets into licensing. And I can't speak totally to
23
    that, but I think what we are seeing in other states
24
    is if a kinship home, grandma, would not have to
25
    jump through the same hoops that a GRO might have to
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Case 2:11-cv-00084 Document 1220-4 Filed on 03/29/22 in TXSD Page 105 of 125 / 2022 104 1 jump through, that they're -- that we've heard some 2 states -- like, Florida, I belive probably is a good 3 example, that has totally overhauled their kinship program to increase the number of children placed in 4 5 with kin, because we all know that's less trauma for a child. Reunification is more likely. It just --6 7 it makes sense. 8 SENATOR MILES: So overall you would 9 call it a success in the state of Florida? 10 MS. MASTERS: What they have done with 11 their kinship program? From what we have seen, yes. 12 We have met directly with them. 13 SENATOR MILES: And to your knowledge, 14 and maybe one of my colleagues can answer that --15 answer this question, is there anything in the 16 statute preventing you, your agency from increasing 17 that rate from 11.55 to --18 MS. MASTERS: Yes, I don't have the 19 authority to do that. 20 SENATOR MILES: You don't have the 21 authority to do that? 22 MS. MASTERS: I do not.

23 SENATOR KOLKHORST: I have a follow-up 24 to that, Senator Miles.

25

If a kinship family chooses to go through

105 1 licensing, foster care licensing, they get the same 2 rate; is that correct? 3 MS. MASTERS: Yes. What we see and 4 what they see across the state is -- for instance, 5 if we keep using grandma, that's an overwhelming process for her, or grandpa, to go through, and can 6 7 be intimidating. And I think sometimes we 8 struggle -- even when I think we have staff to help 9 them kind of through that process, it still seems to 10 be a struggle for them to either finish it or want 11 to even take that on. And, again, I know a little 12 bit about some of everything, and, you know, others 13 may be better able to speak to the details. 14 SENATOR KOLKHORST: Do you have any 15 kinship navigators? Do we have kinship navigators 16 in our system? 17 MS. MASTERS: Yes, we do. 18 Deneen, do you want to speak to that? 19 SENATOR KOLKHORST: Well, you don't 20 have to bring her up. 21 MS. MASTERS: Okay. 22 SENATOR KOLKHORST: But we do have 23 kinship? 24 MS. MASTERS: I believe that we do. 25 Again, I know we have talked about this quite a bit,

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   whether or not we have --
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                  SENATOR KOLKHORST: We'll get into
 3
    this in our next hearing. We're staying, you know,
 4
    in -- we've got two more panels, and so --
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                  SENATOR MILES: I've only got two more
   questions, Madam Chair.
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 7
                  SENATOR KOLKHORST: Yes, sir.
 8
                  SENATOR MILES: Madam Chair, and I
 9
   want you to know that when you and I, my first year
10
    in the House, when you and I served together, as
11
   well as Senator Menéndez and Senator Perry were all
12
    in the House together, that was one of the first
   bills I filed.
13
14
                  SENATOR KOLKHORST: Speak into that
15
   mic.
16
                  SENATOR MILES: That was one of the
17
   first bills I filed, kinship care back in 2007. And
18
   here we are today in 2022 discussing it.
19
                  SENATOR KOLKHORST: You missed my
20
    opening remarks about --
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                  SENATOR MILES: I did. I'm sorry.
22
                  SENATOR KOLKHORST: -- the circle,
23
    that we seem to keep going.
24
                  SENATOR MILES: Going in.
25
             And the last couple of questions, and
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107 1 these are kind of difficult questions. So just 2 follow with me. 3 When CPS investigators rely on court documents rather than conduct their own fact 4 5 findings, fact findings, how does it affect the separation of power that I spoke about earlier? 6 In 7 my office, constituents have made very strong 8 complaints and have had CPS dismiss allegations 9 using court documents that are years old instead of 10 using realtime reality of what's going on, and I'm 11 wondering if that separation that we did in 2017 is 12 the cause of that. Do you understand? Do you 13 follow me? 14 MS. MASTERS: I don't think I'm sure 15 what. . . 16 MR. RICHMAN: What documents are 17 you -- are you referring to what -- which program 18 would you be specific to? For residential care 19 or --20 SENATOR MILES: That's going to go 21 back to the child's rights standards and -- the 22 child's rights standards. When we separated that, 23 when we separated HHSC and DFPS, DFPS no longer has 24 to rely on those child's rights standards. Are you 25 familiar with the child's rights standards?

108 1 MR. RICHMAN: I'm not with regard to 2 child protective investigations. 3 SENATOR MILES: Yeah, because you haven't had to deal with it. 4 5 MS. MASTERS: Any standards that are in place for the rights of the children would not 6 7 have been void because of a split. I'm not -- I'm not sure if you can give much detail in this open 8 9 setting of what you're speaking to. 10 SENATOR MILES: The problem is that 11 DFPS, Madam Chair, no longer has the right to 12 enforce those child standards. It falls back, 13 Senator Perry, on Health and Human Services. 14 SENATOR KOLKHORST: Which we are about 15 to hear from. 16 SENATOR MILES: Okay. 17 SENATOR KOLKHORST: You're talking 18 about the separation of licensing? 19 SENATOR MILES: Yeah. DFPS is working 20 with our children every day. 21 SENATOR KOLKHORST: Speak into the 22 mic. 23 SENATOR MILES: DFPS is working with our children every day, but their rights are being 24 25 held Health and Human Services, HHSC. I think that

109 1 we maybe have been the cause of that. 2 SENATOR KOLKHORST: Well, I think how 3 it's separated is, DFPS is in charge of the child, 4 the wraparound services. I would look at HHSC as in 5 charge of the physical buildings. SENATOR MILES: That's correct. 6 And I 7 would venture to say that we should put those 8 child's rights back with DFPS because they're 9 dealing with the children. 10 SENATOR KOLKHORST: There's been 11 deliberate debate on that, and we'll continue to 12 have that, and that's what this committee is for. 13 SENATOR MILES: And last but not 14 least, when you audit your data, Commissioner, how 15 do you ensure that the investigators -- or you could 16 probably answer this, Mr. Richman as well -- that 17 the investigators upload all the evidence that they 18 suppose are current so that the particular case 19 enters your tracking system? Are there any failsafe 20 mechanisms that ensure that all the data is being 21 entered into? And do you know of any instances of 22 the files being deleted? Or do you know of any of 23 this not being reported properly on investigators? 24 MR. RICHMAN: Okay. Let me answer the 25 last part first, which is do I know of any incidents

110 1 of it being deleted. No. 2 SENATOR MILES: Six months. 3 MR. RICHMAN: The first part, how do 4 we ensure that they are being uploaded. This goes 5 back to the supervisor reviewing the work of the investigator to ensure that they're not just looking 6 7 at -- they're not just having a verbal briefing but 8 they're also doing case reads. So they're looking 9 over all the documentation that's loaded up into the 10 system. 11 Now, what's unique with these 12 investigations are is that they use two systems. 13 They use the HHSC class system, which helps us with 14 our collaborative investigation with HHSC, with our 15 partners there. But we're also using Impact 2.0, 16 which is another system that we're using to put the 17 reports in as well. So they are responsible for 18 reading the documentation out of both systems. 19 SENATOR MILES: Which I'm glad you 20 brought up. Do you see that as a problem in your 21 professional opinion? We're using two different 22 systems when we're talking about the same case and 23 the same -- in this particular instance, we're 24 talking about the same kid or the same complaint. 25 But we're not communicating properly, I don't think,

111 1 with our other agencies that are also involved. So 2 can you comment on that in your short period of 3 time, respectfully? 4 MR. RICHMAN: I find that it poses 5 challenges with our ability to be able to do -- and I'll take this from my personal perspective. 6 7 when I reviewed these cases personally involving 8 this specific incident, I had to go to two different 9 systems to make sure that the timeline was 10 consistent, all the information was there, but it 11 made it a challenge. So if it's a problem for me, I 12 would suspect it's a problem for my supervisors. 13 would be a problem for our investigator who loads that information up. So I think it's more of a 14 they're doing it and they're doing it well. It's 15 16 just an additional step. It's inefficient, in my 17 opinion. 18 SENATOR MILES: And, Mr. Richman, I 19 want to thank you for your transparency in answering 20 that question. 21 I want to thank you, Madam Chair, for 22 allowing me the line of questions. And I thank my 23 colleagues for giving me the time. 24 SENATOR KOLKHORST: Thank you, Senator

I know your passion in this area and

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Miles.

112 1 appreciate your leadership. 2 Senator Perry. 3 SENATOR PERRY: Thank you, Madam Chair. 4 5 And this goes to Commissioner. And so I'm going to -- I'm going to ask our -- I'm going to set 6 7 the stage for things that I would hope to have 8 before we come back for the next hearing. 9 think it's important, as I said in my opening 10 statement, this is your opportunity as an agency and 11 your personal opportunity to show bold, courageous 12 leadership, no areas of topic off limits, and say 13 what needs to be said and say it in a way that we 14 can respond to it as a legislature. 15 MS. MASTERS: Yes, sir. 16 SENATOR PERRY: We're all in this 17 together. 18 So I would like your opinion if the CBC 19 process is the right process. Not today. 20 before you come back and possibly if you could do it 21 before the next hearing so we can come prepared to 22 ask direct questions. Is the CBC process the right 23 process, and are we on the right track. Problems 24 with it. Things that we have done that have created 25 barriers. Things that we could undo that would help

it go further. If it's the correct process. So put that one on your list. I need information on where we're at and is it the right process and what is the problem from doing it. Family reunification training. So you made a comment you have -- and I think it's good that you would set a caseworker down with the outcome already redacted, basically, and say where would you come up on this. MS. MASTERS: Yes. SENATOR PERRY: I would only ask in

SENATOR PERRY: I would only ask in that that you don't focus on the kid that died only because then you jade and you tarnish the learning experience. And you should have cases in there where reunification in fostering occurred so that people that have this mindset I've got to protect the child at all costs and I can't make the wrong decision here don't get jaded by your training. So make sure that the positive aspect of what your agency does -- and I think that to be fair, we don't always recognize all the good things that your frontline workers do. So make sure that's part of your training.

CWOP kids. I want an honest assessment from you. Those are the toughest of the toughest.

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   And if it were up to you or you thought you could,
 2
   and maybe you do it and you can answer this, do you
 3
   have juvenile referrals? Do you refer them to JD
   juvenile justice system?
 4
                  MS. MASTERS: It's actually the
 5
             I think if there's something we could
 6
   reverse.
 7
   change is that people wouldn't just be able to drop
 8
   kids off without us having an opportunity to find a
 9
   proper placement for them. And a lot of times that
10
   happens with our juvenile justice kids, the
11
   time supports --
12
                  SENATOR PERRY: So you're saying there
13
   are kids going into juvi, that y'all could do a
14
   better job under the CWOP issues?
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                  MS. MASTERS: We're sort of the --
16
   we're sort of the fallback for everyone and often
17
   without an ability to do our due diligence.
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                  SENATOR PERRY: When we come back
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   if -- and, Madam Chair, I'm not setting your agenda,
20
   but I think these are important topics because we
21
   have kids that are extremely disruptive to the
22
   whole, arguably need very unique help. And this
23
   happens in our public school classrooms. It's not
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   unique to you. That we need to recognize that what
25
   we are doing is not working, and if we continue down
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1
   this path, we ruin the whole thing for everybody
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   else.
 3
             So CWOP specifically and what you see you.
 4
   You've given me some ideas privately, and I won't
 5
   disclose those because I don't know what was ready
   for primetime or not. But this is your window to
 6
 7
   share. And it kind of goes along with those
 8
   wraparound services that we have spoke to in general
 9
   and some other things. So we may be spending all
10
   this money, but we're not putting it to best use.
             And then finally, and kind of the bigger
11
12
   picture, if you were king for the day, and I'm
13
   telling you this is your opportunity to show us what
14
   you would think needs to be changed. Because here's
15
   what I'm at. It's a sad commentary. I don't have a
16
   clue if what we are doing is right or wrong or the
17
   best practices. And we felled out of the system.
18
   We split the baby. We went down a privatization. I
19
   do have this specific question you may can answer.
20
             We dropped 1,500 state employees that used
21
   to be direct frontline child protective services
22
   employees that were probably involved in fostering
23
   and other features, actually, to the CBC process.
24
   Are they required to have at least that many
25
   replacements? Because I don't think anybody will
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   ever make me believe that you can do it with less
 2
   people.
 3
                  MS. MASTERS: No, there should be --
    there is a direct transfer of those resources.
 4
 5
                  SENATOR PERRY: But does CBC get to
   drop the staff ratio or the foster care ratio?
 6
 7
                  MS. MASTERS:
                               No.
 8
                  SENATOR PERRY: Okay. So they have to
 9
   maintain. Okay. Good to know and I'm glad I asked
10
   that.
11
                  SENATOR KOLKHORST: I'm pulling it
12
   back to today's hearing. Stay on today's hearing.
13
                  SENATOR PERRY: So -- but -- well,
14
    this is setting up, as I said, for the next hearing.
15
   Because if we come in here and we don't have this
16
    information, it's going to be a third hearing and a
17
    third hearing. Honestly, I spent ten months with
18
   you people last year, and I don't want to make this
19
   my summer program.
20
                  SENATOR KOLKHORST: I don't want to
21
    see you back up here, but I will.
22
                  SENATOR PERRY: So I would ask you to
23
   give a white paper effectively that said if I could
24
   make these changes, I can almost with some
25
    certainty, at least a better certainty than what we
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117 1 have today, kids' lives would be changed, families 2 could be put together, our foster system could 3 flourish. And that's what I'm looking for. 4 MS. MASTERS: I can do that. 5 SENATOR MILES: Clarification. Point of clarification. 6 7 SENATOR KOLKHORST: Senator Miles. 8 SENATOR MILES: I just want to make 9 sure I hear her answer correctly. 10 You didn't state to the Senator that 11 CWOP -- with the CWOP clients, you could do a better 12 job than our system, the juvenile detention system? 13 Is that what you -- that's not what you said? 14 MS. MASTERS: No, no, no. 15 SENATOR MILES: I just wanted to make 16 sure we had that clear. 17 And, Madam Chair, if I could. 18 We've had conversation, us people, that 19 our senator's referring to, we've had a conversation 20 about a military style -- more of a military style 21 CWOP program we thought was needed toward the end of 22 last session. And I think that's something that you 23 should add to your list, Senator Perry, that we 24 should be looking at. 25 SENATOR KOLKHORST: We will be setting

118 1 up several hearings, and there will be topics that 2 we will stay to. And today, again, specific to not 3 just this case but our processes of residential treatment centers and GROs, and then we'll move into 4 5 other areas. We're going to wrap this panel up. So it 6 7 needs to be real urgent, Senator Menéndez. 8 SENATOR MENÉNDEZ: Thank you, Madam Chair. 9 10 So, Commissioner, as it relates, relative 11 to The Refuge, the way I see it, based on what I 12 have heard, an automated interagency alert system that would have created a statewide notification to 13 14 your office when there was a high risk assessment 15 would have cut off weeks of time. It would have 16 gotten you-all in there quicker. Was that correct? 17 MS. MASTERS: Yes. At the time that 18 that risk assessment was done, yes. SENATOR MENÉNDEZ: Okay. I also heard 19 20 Mr. Richman testify that he has to input the same 21 data in two different systems. Is that correct? 22 MR. RICHMAN: Similar data. SENATOR MENÉNDEZ: Similar data. 23 24 MS. MASTERS: And it's actually

even -- even to put this timeline together, it took

Case 2:11-cv-00084 Document 1220-4 Filed on 03/29/22 in TXSD Page 120 of 125/2022 119 1 us seven hours because we had to look in three 2 places to make sure we had all of the information. 3 Because if we would have shot from the hip from one 4 system, the other one would have told a different 5 story. 6 SENATOR MENÉNDEZ: So clearly an 7 interoperable data system would make not only 8 everyone's job's easier, it would help you -- it 9 would help us keep children safer because it would 10 be realtime data, knowing exactly where they were; 11 is that correct? 12 MS. MASTERS: It would have been 13 helpful. SENATOR MENÉNDEZ: So I would also 14 15 think that you need to have clearly defined nepotism 16 quidelines for contracting with DFPS and likely for 17 licensing on HHSC and clear guidelines for the 18 investigators so that they can get notified on the 19 action items that they have taken to their 20 supervisors.

And then the last question, Mr. Richman, how much actual training do your investigators get? There seems to be a little bit of a confusion. it in hours? Weeks? Days? How do you measure it? MR. RICHMAN: Initially, it's in

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1 weeks. And I would have to get you the specific 2 timeline of how it's broken down. And there's also, 3 with my child protective investigators, they have 4 different phases of accomplishments that they can 5 gather as they go to the next process and gather more learning. 6 7 With the special investigators, it's the 8 same way. We're constantly doing training within 9 and -- but I could get you a better answer later 10 that actually has a breakdown of it. SENATOR MENÉNDEZ: Commissioner, I 11 12 want to close with this. I want to thank you for 13 recognizing that there are good people in this state 14 who would drop everything to take care of their 15 grandchildren or their loved ones and who can barely 16 afford basic repairs to their home or their cars 17 much less going through a licensing process. But I 18 know for a fact that many children would be better 19 off if somehow their loved ones would be able -- but 20 they don't have cribs, they don't have formula, they 21 don't have diapers when they get the call in the 22 middle of the night. And so many of them figure out 23 a way, but some just can't. Thank you. 24 Thank you, Madam Chair. 25 SENATOR KOLKHORST: Senator Eckhardt,

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 1
   do you have any follow-up?
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                  SENATOR ECKHARDT: No. I wanted to
 3
    thank any committee members.
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                  SENATOR KOLKHORST: Great. Thank you,
 5
   Senator Eckhardt.
 6
             I will end it with -- I did have one
 7
   question that wasn't asked.
 8
             How many girls were on child specific
 9
   contracts at The Refuge? Do we know?
10
                  MS. MASTERS: Deneen, how many?
                  SENATOR KOLKHORST: Come and identify
11
12
   yourself.
13
                  MS. MASTERS: How many Legacy kids
14
   were there?
15
                  MS. DRYDEN: Six.
16
                  MS. MASTERS: Six.
17
                  SENATOR KOLKHORST: Why don't you come
18
    to the table and state your name.
19
             Again, how many children were on child
20
    specific contracts at The Refuge?
21
                  MS. DRYDEN: I believe all were.
22
                  SENATOR KOLKHORST: Will you state
23
   your name for the record? State your name for the
24
   record.
25
                  MS. DRYDEN: Deneen Dryden, associate
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 1
    commissioner, Child Protective Services.
 2
                  SENATOR KOLKHORST: Excellent.
 3
             The question again is how many girls were
 4
   on child specific contracts at The Refuge.
 5
                  MS. DRYDEN: I believe the Legacy ones
 6
   were.
 7
                  MS. MASTERS: Six.
 8
                  SENATOR KOLKHORST: Six. And do we --
 9
   how much are those contract daily rates?
10
                  MS. DRYDEN: When you do a child
11
   specific contract, you look at that individual and
12
    see what high acuity needs or what kind of services
13
   needs to be -- that they need to participate in from
14
    that residential. And so that's the add-on. So it
15
   would be different.
16
                  SENATOR KOLKHORST: Give me a range.
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    I think the base rate starts at around $400 a day.
18
                  MS. DRYDEN: Yeah, it could be
19
    anything up to -- if they have to have one-on-one
20
    care because they're not safe to be around any other
21
   kids because of child sexual aggression, that can go
22
   up exponentially.
23
                  SENATOR KOLKHORST: To what?
24
                  MS. DRYDEN: Up to -- highest would
25
   be, like, 800. We have --
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123 1 SENATOR KOLKHORST: Per day? Per day? 2 MS. MASTERS: Yes. 3 SENATOR KOLKHORST: Per day? MS. DRYDEN: 4 Correct. 5 SENATOR KOLKHORST: So, roughly, when 6 I looked at some of the rates, it's -- you know, 7 when you get to this acuity, 400-plus add-ons. So up to a range of \$400 to \$800 per child per day? 8 9 MS. DRYDEN: Uh-huh. 10 SENATOR KOLKHORST: Thank you. 11 Thank y'all for being here today, and I 12 appreciate your time. I look forward to working 13 with you in the future. 14 MS. MASTERS: Yes, ma'am. Thank you. 15 (Concluded.) 16 17 18 19 20 21 22 23 24 25

124 1 REPORTER'S CERTIFICATION 2 3 4 I, CHRISTY R. SIEVERT, CSR, RPR, in 5 and for the State of Texas, hereby certify to the following: 6 7 That the proceedings were transcribed by me from audio recordings, and is a true record of 8 9 the proceedings had; 10 I further certify that I am neither 11 counsel for, related to, nor employed by any of the 12 parties or attorneys in the action in which this 13 proceeding was taken, and further that I am not 14 financially or otherwise interested in the outcome of the action. 15 16 Subscribed and sworn to on this the 29th 17 day of March, 2022. 18 19 20 21 CHRISTY R. SZEVERT, CSR, RPR Texas CSR 8172 22 Expiration Date: 4-30-2023 23 24 25